

**LI7000 243165**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

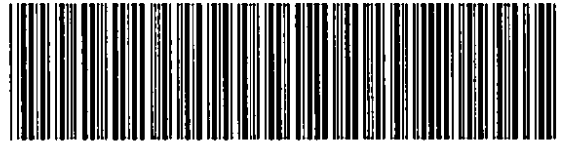
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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11/01/18--01016--004 ♦♦25.00

**FILED**

2018 NOV - 1 PM 1:47

CLERK OF STATE  
TALLAHASSEE, FL

C. GOLDEN

NOV 1 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE MISSING PIECE BEHAVIORAL THERAPY LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

COUTCHARD POINT DU JOUR

\_\_\_\_\_  
Name of Person

THE MISSING PIECE BEHAVIORAL THERAPY LLC

\_\_\_\_\_  
Firm Company

5400 S UNIVERSITY DR UNIT 214

\_\_\_\_\_  
Address

DAVIE, FL 33328

\_\_\_\_\_  
City/State and Zip Code

themissingpiecebt@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COUTCHARD POINT DU JOUR

786

402-6889

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FL

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CRISTINA ANDRADE	8027 NW 27 PLACE SUNRISE FL 33322	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated October 28<sup>th</sup> 2018

Signature \_\_\_\_\_  
COUTCHARD POINT DU JO

~~COLTCHARD POINT DU JOUR~~

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**Filing Fee: \$25.00**