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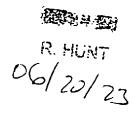
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## **COVER LETTER**

Registration Section

TO:

Division of Co	rporations	,	
Eric A Tor	res, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Eric Torres		
		Name of Person	المرابع
	Eric A Torres, LLC		ار در این از مسم
		Firm/Company	1
	13701 SW 149th Circle Li	N	PHIO: 07
		Address	ESTA O
	Miami/FL 33186		- H
	<del></del>	City/State and Zip Code	
	erict453@yahoo.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Eric Torres		305 3436389 at ( )	
Name (	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT - TO ARTICLES OF ORGANIZATION OF

Eric A Torres, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/21/2018 and assigned Florida document number L18000200906 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stim Speech, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR =	M	ana	ger	
ABAINE				

AMBR =	Author	rized	Mem	ber
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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ffective date, if other than the date of filing:			(optional)
an effective date is listed, the date must be specific and cannot lote: If the date inserted in this block does not meet the ocument's effective date on the Department of State's	ot be prior to date of fi he applicable statute	ling or more than 90 ory filing requirem	days after filing.) Pursuant to 605.02 nents, this date will not be listed
e record specifies a delayed effective date, The 90th day after the record is filed.	but not an effe	ective time, at :	12:01 a.m. on the earlier
5/7/2023 5:30	O p.arr.		
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Typed or printed name of signee