

L19000048096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

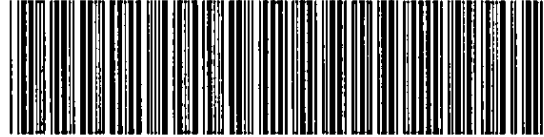
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700399071117

12/19/22--01024--028 **55.00

3/2/23

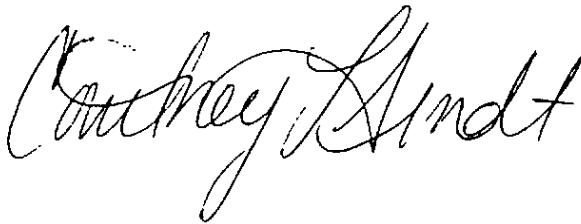
V-LN

FILED
2022 DEC 19 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FL

Dear Florida Department of State
Division of Corporations

This is our official amendment request for a legal name change of Music Intervention Center (Document Number L19000048096, EIN 83-3775955) to our new legal name: Florida Music Therapy LLC.

Thank you for your time,

A handwritten signature in black ink that reads "Courtney Arndt". The signature is written in a cursive, flowing style.

Courtney Arndt, MT-BC
Board Certified Music Therapist
Florida Music Therapy
Tele: 321.722.7910
Fax: 321.256.6424
Email: Courtney@FloridaMusicTherapy.com

Enclosed: Check for \$55.00, #105

Return Address:

Florida Music Therapy
PO BOX 120694
Melbourne, FL 32912

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Music Intervention Center 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:

Courtney Arndt

Name of Person

Music Intervention Center LLC

Firm/Company

2311 Brookshire Cir

Address

West Melbourne, FL 32904

City/State and Zip Code

courtney@floridamusictherapy.com

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

For further information concerning this matter, please call:

Courtney Arndt

321 7227910
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Music Intervention Center 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 2/18/2019 and assigned
Florida document number L19000048096.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Florida Music Therapy LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

PO BOX 120694

Melbourne, FL

32912

FILED
2022 DEC 19 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Courtney Arndt

Typed or printed name of signee