

L19000097855

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : USACORP INC.
Account Number : 120130000019
Phone : (718) 362-4789
Fax Number : (718) 408-2550

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: loffice@oabrahamcpa.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ACHIEVEMENTS THERAPY LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 04 |
| Estimated Charge | \$25.00 |

2019 APR 25 PM 12:59

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Achievements Therapy LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 APR 25 PM 12:15
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 4/2/2019 and assigned
Florida document number L19000087855.

This amendment is submitted to amend the following:

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

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:

2665 South Bayshore Drive, Suite 220

(Principal office address MUST BE A STREET ADDRESS)

Coconut Grove, FL 33133

Enter new mailing address, if applicable:

2665 South Bayshore Drive, Suite 220

(Mailing address MAY BE A POST OFFICE BOX)

Coconut Grove, FL 33133

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:

2665 South Bayshore Drive, Suite 220

Enter Florida street address

Coconut Grove

City

Florida 33133

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

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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
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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:

(b) The 90th day after the record is filed.

Typed or printed name of signee

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2019 APR 25 PM 12:15
TALLAHASSEE, FL