

7/20/2021

L 19000129848

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000277258 3)))



H210002772583ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LAXMY'S CARRIER SERVICES
Account Number : I20040000007
Phone : (305)640-0281
Fax Number : (305)489-2902

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

Email Address: LAXMYSCARRIER@GMAIL.COM

RECEIVED

2021 JUL 20 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 JUL 20 PM 5:03

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POSITIVE REINFORCEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUL 21 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: POSITIVE REINFORCEMENT 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:

MARIA PAZ CHANDIA CASTRO
Name of Person

POSITIVE REINFORCEMENT LLC
Firm/Company

6280 NW 173RD ST APT 1235
Address

HIALEAH, FL 33015
City/State and Zip Code

CHANDIAMARIAPAZ@GMAIL.COM
E-mail address: (to be used for future annual report notification)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
21 JUL 20 PM 5: 03

For further information concerning this matter, please call:

LAXMY CHACON at (305) 640-0281
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

POSITIVE REINFORCEMENT 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 05/14/2019 and assigned Florida document number L19000129848

This amendment is submitted to amend the following:

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

ABA Learning 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)

FILED STATE SECRETARY OF CORPORATIONS DIVISION 21 JUL 20 PM 5:03

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

City, Florida 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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 20 JUL 20 PMS: 03

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 21 JUL 20 11 51 AM '21

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information, consisting of 18 horizontal lines.

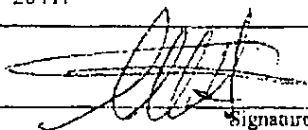
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated JULY 20TH 2021



Signature of a member or authorized representative of a member

MARIA PAZ CHANDIA CASTRO

Typed or printed name of signee