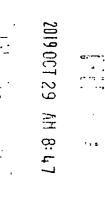
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Office Use Only



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Kaziny ( ) M.

## **COVER LETTER**

		ration Secti n of Corpo			
SUB IEC		agine Pedia	atric Therapy, LLC		
SUBJEC	. i :		Name of Limi	ited Liability Company	<del></del>
The enclo	osed Ai	ticles of An	nendment and fee(s) are sub-	mitted for filing	
Please re	tum all	сотеѕропа	ence concerning this matter	to the following:	
			Yelba Mercedes Delgado		
				Name of Person	
			Imagine Pediatric Therapy	.LLC	
				Firm/Company	
			600 N. Sonora Cir.		
				Address	<del></del>
			Indialantic, FL, 32903		
				City/State and Zip Code	<u>.</u>
			info@imaginebrevard.com		
			E-mail address: ()	to be used for future annual report notific	cation)
For furth	er infor	mation con-	cerning this matter, please ca	ai:.	
Yelba M	lercede	s Delgado		321 223-879i	
		Name of P	erson	Area Code Daytime	Telephone Number
Enclosed	l is a ch	eck for the	following amount:		
\$25.0	00 Filir	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Name of the Limited Lightlity Commony of i					
(Name of the Limited Liability Company as i (A Florida Limited Liabilit	t now appears on ou y Company)	r records.)			
he Articles of Organization for this Limited Liability Company were	filed on	<i>y</i>	and	d assigned	i
orida document number L19000203395					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liability c	ompany here:				
nagine Pediatric Therapy of Brevard, LLC					
ne new name must be distinguishable and contain the words "Limited Liability Con	mpany." the designati	on "LLC" or the	abbreviatio	n "L.L.C,"	
nter new principal offices address, if applicable:			:	20	
Principal office address MUST BE A STREET ADDRESS)			Ã	19(	
			:-		
			:.	29	
nter new mailing address, if applicable:			•	=	
Mailing address MAY BE A POST OFFICE BOX)				<del></del>	_
Turing maress MAT BE A FOST OFFICE BOAY			:	<u></u>	_
<del></del>					_

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> Fitle</u>	<u>Name</u>	Address	Type of Action	
			Remove	
			☐ Change	
			☐ Remove	
			☐ Change	
<del></del>				
			Remove	
			☐ Change	
,			Add	
			□ Remove	
			Change	
			□ Remove	
			☐ Change	
			□ Add	
			☐ Remove	
			☐ Change	

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	<del></del>
(If an o Note	tive date, if other than the date of filing:  [10/24/2019]  [Insertive 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)  [Insertive date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	d
	Signature of a member or authorized representative of a member
	Yelba Mercedes Delgado  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00