L19000270761

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S. YOUNG

COVER LETTER

Registration Section .

Tallahassee, FL 32314

TO:

Division of Corporations		
SUBJECT: Chlative	World 4-Kids Theraphy Scruices LL Name of Limited Liability Company	C
The enclosed Articles of Amendment	and fee(s) are submitted for filing.	
Please return all correspondence conc	erning this matter to the following:	
Cre	Paula P. Gonzatez Name of Person When word 4- Kids Theraphy Services LL Firm/Company	.C
	1901 NW 79 AVC Address	
<u>_</u>	City/State and Zip Code Panzatet @ KS Therapy. Det E-mail address: (to be used for future annual report notification)	
For further information concerning th		
Paulap Gonzalet Name of Person	at (30) 297 3688 Area Code Daytime Telephone Number	
Enclosed is a check for the following	amount:	
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ficate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporation P.O. Box 6327	Street Address: Registration Section S Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

imited 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 May 31, 2020 and assigned Florida document number <u>L190002707</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: "Limited Liability Company," the designation 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) 2 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Page 1 of 3

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>	Address	Type of Action
Merr Paula Gonza	Paula Cronzoulez	Fran Poesidet to Mangen.	🗆 Add
		to Managen.	□Remove
			Ghange
			□Add
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			□Change
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			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 ,	Name of Entity was a typo when 12 gistered. Corrected ware should
	be: Corrected Dare should
	Creative World 4-Kids Therapy Services, LLC.
	Services, CLC.
	anne Agent. Agent show 12 say 12 all spaces: Manger (Not)
	Drus, Lent,
	Dontyon
Note: If the d	e, if other than the date of filing: 10/25/2019 (optional) te 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) ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the fective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated <u>0 /</u>	(18/202).
	Signature of a member or authorized representative of a member Acute O. Co. 20 fc
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00