

L19000294214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

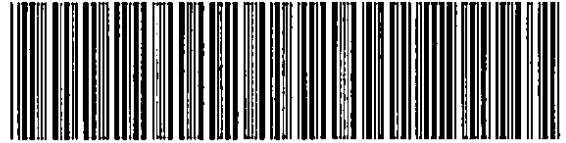
(Document Number)

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05/20/21--0100E--024 **30.00

21 MAY 20 PM 3:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAIKI BEHAVIOR THERAPY 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:

Juanaiki Caridad Morales Martinez

Name of Person

NAIKI BEHAVIOR THERAPY LLC

Firm/Company

12640 SW 13TH MANOR

Address

DAVIE, FLORIDA 33325

City/State and Zip Code

JUANAIKIM@GMAIL.COM

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

For further information concerning this matter, please call:

JUANAIKI CARIDAD MORALES MARTINEZ

786 7928313
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

21 MAY 20 PM 3:48

NAIKI BEHAVIOR THERAPY 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 12-18-2019 and assigned
Florida document number 84-3963299.

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 "L.L.C."

Enter new principal offices address, if applicable:

12640 SW 13TH MANOR DAVIE FL 33325

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

12640 SW 13TH MANOR DAVIE FL 33325

(Mailing address MAY BE A POST OFFICE BOX)

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

Florida

DRIVER LICENSE



M642-423-80-905-0 CLASS E



MORALES MARTINEZ
JUANMI CARIDAD
12640 SW 13TH AVE
DAVIE, FL 33328

DOB 11/06/1980 SEX F
EXP 11/06/2027 HT 5'06"
EYES NONE HAIR NONE

SAFE DRIVER
LIC 10/04/2019

SDC 1632104156293
REPLACED 04/19/2021

Juanmi Morales

Operation of a motor vehicle constitutes
consent to any sobriety test required by law



<u>Title</u>	<u>Name</u>	<u>Address</u>	21 MAY 20 PM 3: 48	<u>Type of Action</u>
AMBR	JUANAIKI C MORALES MARTE	12640 SW 13TH MANOR DAVIE FL 33325	<input checked="" type="checkbox"/>	Add
			<input type="checkbox"/>	Remove
			<input type="checkbox"/>	Change
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			<input type="checkbox"/>	Remove
			<input type="checkbox"/>	Change

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

PLEASE I NEED TO CHANGE THE TITLE NAME TO AMBR. THANK YOU

PLEASE UPDATE THE ADDRESS. THANK YOU

21 MAY 20 PM 3:48

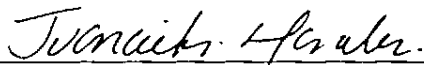
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 05/15/2021



Signature of a member or authorized representative of a member

JUANAIKI CARIDAD MORALES MARTINEZ

Typed or printed name of signee