Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION

Account Number : I20190000086 Phone : (305)275-1300 : (888)653-6564 Fax Number

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

info@ulloacompanycom Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NATY BEHAVIOR THERAPY LLC.

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Corporate Filing Menu

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January 16, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

NATY BEHAVIOR THERAPY LLC. 20800 ANCHOR RD MIAMI, FL 33189

SUBJECT: NATY BEHAVIOR THERAPY LLC.

REF: L20000000027

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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FAX Aud. #: H20000016801 Yasemin Y Sulker Regulatory Specialist III Letter Number: 820A00001225

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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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	(((H20000017734 3)))
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AMBR = Authorized Member Type of Action Address Title Name Natividad Loy 20800 Anchor RD **AMBR** ⊠Add Miami, FL 33183 ☐ Remove _____ □Change Natividad Loy **MGR** 20800 Anchor RD Miami, FL 33183 ⊠Remove ______ 🗆 Add □Remove _ □Remove _____ □ Change _____ □ Add ______ □Remove _____ 🗆 Change

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). If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>. </u>	
	
elf an elfec <u>Note:</u> H	e date, if other than the date of filing:
the record cord is filed	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
Dated _	01/16/2020
	Signature of a member or authorized representative of a member
	Natividad Loy
	Typed or printed name of signee