

2000000027

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000017734 3))



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

From: Account Name : ULLDA & COMPANY PROFESSIONAL ASSOCIATION  
 Account Number : I20190000086  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@ulloacompanycom

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

Certificate of Status	0
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1/16/2020 10:57:57 AM PAGE 1/001

Fax Server



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: L2000000027

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.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: H20000016801  
Letter Number: 820A00001225

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

(((H20000017734 3)))

NATY 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 12/30/2019 and assigned Florida document number L20000000027.

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:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(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

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2020 JAN 16 AM 10:41  
TALLAHASSEE

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Natividad Loy	20800 Anchor RD	<input checked="" type="checkbox"/> Add
		Miami, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Natividad Loy	20800 Anchor RD	<input type="checkbox"/> Add
		Miami, FL 33183	<input checked="" 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

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

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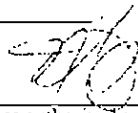
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 \_\_\_\_\_



01/16/2020

Signature of a member or authorized representative of a member

Natividad Loy

Typed or printed name of signee