

L 20 0000006716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

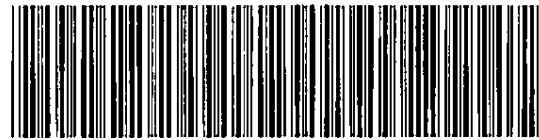
(Business Entity Name)

(Document Number)

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R. WHITE  
FEB 13 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kid Centered Therapy

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Siriporn Cerber

\_\_\_\_\_  
Name of Person

Kid Centered Therapy LLC

\_\_\_\_\_  
Firm/Company

2054 Vista Parkway, Suite 400

\_\_\_\_\_  
Address

West Palm Beach, FL 33411

\_\_\_\_\_  
City/State and Zip Code

siri@kidcenteredtherapy.com

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

For further information concerning this matter, please call:

Siriporn Cerber

305 562-0044  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Kid Centered 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 L20000006716.

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:

2054 Vista Parkway, Suite 400

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, FL 33411

Enter new mailing address, if applicable:

2054 Vista Parkway, Suite 400

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach, FL 33411

**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:

2054 Vista Parkway, Suite 400

*Enter Florida street address*

West Palm Beach

*City*

Florida 33411

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

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

Hello. the company, Kid Centered Therapy LLC, filed on 12/30/2019 and assigned document #L20000006716,

would like to change the principal and mailing address to 2054 Vista Parkway, Suite 400, West Palm Beach.

I, Siriporn Cerber will remain as registered agent and president. I would like to add Alberto P. Cerber as a MGR.

Please also allocate a 50% ownership for Kid Centered Therapy LLC. Please let me know if

there is any additional information I can provide. Thank you, Siriporn Cerber

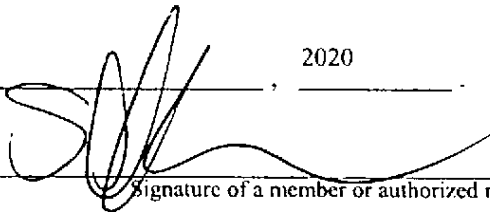
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 January 15, 2020



Signature of a member or authorized representative of a member

Siriporn Cerber

Typed or printed name of signee