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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Cor	porations		,		
[PIECE-BY]	PIECE ABA THERAPY CEN	TER-LLG-			
SUBJECT:		ited Liability Company			
The enclosed Articles of	he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following:				
Please return all correspondence	ondence concerning this matter	to the following:			
	JOEL A QUINTANA				
		Name of Person			
		Firm/Company	<u> </u>		
	10300 SW 72 ST SUITE 4		<u>-</u>		
		Address			
	MIAMI FL 33173				
		City/State and Zip Code			
	jquintana@synergyadvisory E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please co	all:			
JOEL A QUINTANA		786 717-1018			
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address [Registration of Control of	Section Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

PIECE BY PIECE ABA THERAPY CENTER LLC

2022 MAR 14 AM 8: 57

(Name of the Limited Liabilit	ty Company as it now appears on our record Limited Liability Company) SECRETA	<u>s.)</u>
(A Florida		ĪŘY OF STATE HASSEE, FL
The Articles of Organization for this Limited Liability C		
Florida document number L20000009972	<u></u> ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
JQLC PROPERTY INVESTMENT LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
		orida
	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 to 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 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
			□Remove
			□Change
	<u> </u>		
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, 5 effective date	on the Depart	ment of Sta	ic 3 records	•				
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	Sign	ature of a me	mber or auth	sorized represo	entative of a m	ember		
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