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| Special Instructions to Filing Officer: |
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| | tegistration Se division of Cor | | | | | |
|-------------|------------------------------------|---|--|---|--|--|
| SHD IECT | Kid Centere | ed Therapy Two | | | | |
| SUBJEC | Name of Limited Liability Company | | | | | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please retu | ırn all correspo | ndence concerning this matter | to the following: | | | |
| | | Grissel Price | | | | |
| | | | Name of Person | <u> </u> | | |
| | | | Firm/Company | | | |
| | | 777 South Flagler Drive St | uite 800 West Tower | | | |
| | | | Address | | | |
| | | West Palm Beach, FL. 334 | 101 | | | |
| | City/State and Zip Code | | | | | |
| | | grisselprice@gmail.com | 100 | · · · · · · · · · · · · · · · · · · · | | |
| For further | r information c | n-mail address: (oncerning this matter, please co | to be used for future annual report notifull: | ication) | | |
| Grissel Pr | | | 786 537-0663 at () | | | |
| | Name o | f Person | Area Code Daytime | e Telephone Number | | |
| Enclosed i | s a check for th | ne following amount: | | | | |
| L25.00 | 0 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| _ | Tailing Addres | | Street Address: | | | |
| | Registration S Division of C | | Registration Sec Division of Cor | | | |
| | 2.O. Box 632 | - | The Centre of T | | | |
| | 'allahassee J | | | Street Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kid Centered Therapy Two

| Kid Centered Therapy Two | | |
|---|--|---|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited) | <u>any as it now appears on ou</u> Liability Company) | r records.) |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000035135}{L20000035135}$. | | 9, 2020 and assigned |
| This amendment is submitted to amend the following: | | PHII: 53 |
| A. If amending name, enter the new name of the limited liab | ility company here: | ω |
| Innovative Therapy LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 777 South Flagler Driv | re Suite 800 |
| (Principal office address MUST BE A STREET ADDRESS) | West Tower | |
| | West Palm Beach, FL. | 33401 |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered office a | 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 stre | et address |
| | | Florida |
| | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr | ree to act in this capaci | ity. I further agree to comply with the |
| | 1 | \mathcal{L} |

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

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 |
|--------------|-----------------|--|----------------|
| President | Grissel Price | 777 South Flagler Drive Suite 800 West Tower Wes | t P: ■Add |
| | | | □Remove |
| | | | □Change |
| MGR | Siriporn Cerber | 2054 Vista Parkway Suite 400 | □Add |
| | | West Palm Beach, Fl. 33411 | =Remove |
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| Effect | ive date if other than the date of filing: (optional) |
| Note: | ive date, if other than the date of filing: |
| e reco rd is fi | d 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 led. |
| Dated | August 8 2020 |
| | Signature of a member or authorized representative of a member |
| | |
| | Grissel Trice |

Filing Fee: \$25.00