

L2 0000050094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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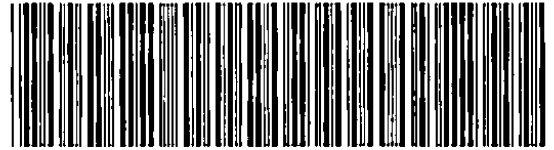
(Business Entity Name)

(Document Number)

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2020 MAY 13 AM 8:44
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**TO: Registration Section
Division of Corporations**

SUBJECT: LUX BEHAVIORAL THERAPY PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HENDRIK KROES

Name of Person

LUX BEHAVIORAL THERAPY PLLC

Firm/Company

10625 SW 112TH AVE APT 201

Address

MIAMI/FLORIDA 33176

City/State and Zip Code

HENDRIKBCBA@GMAIL.COM

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

For further information concerning this matter, please call:

HENDRIK KROES

786

3675726

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 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 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

TO
ARTICLES OF ORGANIZATION
OF

LUX BEHAVIORAL THERAPY PLLC

(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 02/12/2020 and
Florida document number L20000050094.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LUX ABA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "

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 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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Typ</u>
_____	_____	_____	<input type="checkbox"/> I
		_____	<input type="checkbox"/> I
		_____	<input type="checkbox"/> C
		_____	<input type="checkbox"/> A
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		_____	<input type="checkbox"/> Remo
		_____	<input type="checkbox"/> Chang

2008 MAY 10 AM 8:44
ALL INFORMATION CONTAINED
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DATE 11-19-00 BY 60322 UCBAW

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2020 MAY 13 AM 8:44
FBI - NEW YORK

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.

Dated May fifth 2020

Signature of a member or authorized representative of a member

HENDRIK LROES

Typed or printed name of signee

Filing Fee: \$25.00