2025-02-11 11:44:36 UTC-14 Page: 1 of 4 18506176383 From: ZenBusiness User

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(((H250000516743)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190

Phone : (844)449-3624 Fax Number : (512)597 0678

\*\*Enter the email address for this business entity to be used for futureannual report mailings. Enter only one email address please.\*\* က္

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABA HANDS-ON LEARNING L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25,00

T. LEMIEUX FEB 11 2025

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Corporate Filing Menu

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### 2025-02-11 11:44:36 UTC+14 183 ARTICLES OF AMENDMENT

18506176383

From: ZenBusiness User

# TO

ARTICLES OF ORGANIZATION OF

ABA HANDS-ON LEARNING L.L.C.			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ory as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 06/18/2020	and assigned	
Florida document number 1.20000169663			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Elabi	hty Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	5121 Rivergrass DR		
Principal office address MUST BE A STREET ADDRESS)	Panama City, FL 32404		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	5121 Rivergrass DR Panama City, FL 32404	<u> </u>	
		**;	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new register	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:		: 50	
	Enter Florida street address		
· · · · · · · · · · · · · · · · · · ·	, Florida	a 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

To: Page: 3 of 4 2025-02-11 11:44:36 UTC-14 18506176383 From: ZenBusiness User in amenoning Antinoprized Person(s) authorized to manage, enter the inte, name, and appress of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

# H250000516743

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Yanisvely Rodriguez Ravelo	5121 Rivergrass Dr	[ }Add
		Panama City, FL 32404	□Remove
			<b>=</b> Change
			⊡Add
			⊡Change
			□Add
			□Remove
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serving as a Chinical Difector has	s a multifaceted role with	in a behavioral health	organization.	
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Tective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block beament's effective date on the Department.	does not meet the applica	to date of filing or more that able statutory filing rec	(optional) ran 90 days after tiling.) Pur puirements, this date will	suant to 605,020° not be listed as
record specifies a delayed effective da is filed.	te, but not an effective th	me, at 12:01 a.m. on th	ne earlier of: (b) The 90a	th day after the
February 10	2025	·		
ated				
february 10 /s/ Yanisvely Rodrigue:				