70000176131

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	locks Therapy Services LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David A Hernandez Queve	edo	
		Name of Person	
	Building Blocks Therapy	Services LLC	
		Firm/Company	
	14001 NW 84TH CT, AP	T 3405	
		Address	
	MIAMI LAKES, FL 3301	6	
		City/State and Zip Code	
	davidale506@gmail.com		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
David A Hernandez Quevedo		+1 (786)800-1	633
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration 5		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Building Blocks Therapy Services 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 June 24, 2020 and assigned Florida document number L20000176131 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: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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
CEO	David A Hernandez Quevedo	14001 NW 84TH CT, APT 3405	□Add
		MIAMI LAKES, FL 33016	
			□ Change
Member	David A Hernandez Quevedo	14001 NW 84TH CT, APT 3405	\equiv Add
		MIAMI LAKES, FL 33016	□Remove
			(□ Change
			□Add
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			Change
			□Add
			□Remove
			[]Change

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ectiv	e date, if other than the date of filing: (optional)
ı effec	tive 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 605.020
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and seffective date on the Department of State's records.
ecord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after th
is tile	
ted _	
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	Tables .
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00