

L20000196237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

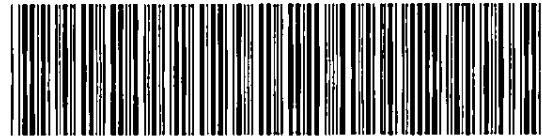
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100274800361

03/23/21--01002--004 *25.00

FILED

2021 MAR 11 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FL

Amend

APR 07 2021

D CUSHING

*provisional
12/11/21*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Behavior Therapy at Central Florida LLC.
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:

Maria C Rodriguez Fernandez
Name of Person

Orlando Behavior Therapy at Central Florida LLC
Firm/Company

6311 Brenton Pointe Ct.
Address

Orlando, FL 32829
City/State and Zip Code

orlandobehaviorrt@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Rodriguez Fernandez at (786) 399-3600
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 11 PM 4:57

FILED

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2020

MARIA C RODRIGUEZ FERNANDEZ
ORLANDO BEHAVIOR THERAPY AT CENTRAL FLOR
6311 BRENTON POINT CV
ORLANDO, FL 32829

SUBJECT: ORLANDO BEHAVIOR THERAPY AT CENTRAL FLORIDA LLC
Ref. Number: L20000196237

We have received your document for ORLANDO BEHAVIOR THERAPY AT CENTRAL FLORIDA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The correct form to amend an LLC is enclosed.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

RUSSELL L HUNT
Regulatory Specialist II

Letter Number: 620A00023714

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Orlando Behavior Therapy of Central Florida
(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 07/08/2020

Florida document number L 2000196237

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 "LLC."

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

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

FILED
2021 APR 11 PM 4:53
SECRETARY OF STATE
TALLAHASSEE
and assigned

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

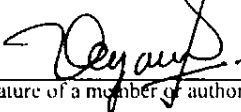
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

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

If the record 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 record is filed.

Dated February 24, 2021.



Signature of a member or authorized representative of a member

Banita E. Sosa

Typed or printed name of signee

Filing Fee: \$25.00