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Division of Corporations

**L200009136**

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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MAR 26 2024  
T. LEMIEUX

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **D&M THERAPY BEHAVIOR 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

**DAIMA GUTIERREZ OQUENDO**

Name of Person

**D&M THERAPY BEHAVIOR LLC**

Firm/Company

**1333 NW 1 AVE**

Address

**Homestead, FL 33030**

City/State and Zip Code

**dayscn@reliableccpagroup.com**

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

For further information concerning this matter, please call.

**DAIMA GUTIERREZ OQUENDO**

at ( **305** ) **283-6183**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

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**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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&M THERAPY BEHAVIOR 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 07/17/2020 and assigned Florida document number L20000209136.

This amendment is submitted to amend the following:

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

My First Steps LLC

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*

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



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)  
 \_\_\_\_\_ (date on which the invention was first filed)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**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.

March 23 2374  
 1963 ~~2374~~

Signature of \_\_\_\_\_ or authorized representative of \_\_\_\_\_

DAIMA OLIVERREZ GUENDO

[illegible]