## L20 000249403

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Milesto	ne Early Intervention Se	ervices, LLC 🕌 🔧	•
SUBJECT:	Name of Lim	uited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rossiter, Stephen F	p.	
		Name of Person	illing.  wing:  e of Person  Services, LLC  //Company  ddress  and Zip Code  r future annual report notification)  813 754-7777  Area Code Daytime Telephone Number  Do Filing Fee & Good Status & Certificate of Status & Cer
	Milestone Early Inte	ervention Services, LLC	
	170 Fitzgerald Rd. Suite	Firm/Company	
	Lakeland, FL 33813	Address	
	srossiter@me.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report no	otification)
For further information c	oncerning this matter, please co	all:	
Rossiter, Stephen P.		813 754-7777	
Name of Person		at () Area Code Dayti	me Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Registration S Division of Co The Centre of	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Milestone Early Intervention 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 \_\_\_\_\_\_08/14/2020 and assigned Florida document number L20000249403 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Milestones Early Intervention Services, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PO BOX 3474 Enter new mailing address, if applicable:  $\mathfrak{P}$ (Mailing address MAY BE A POST OFFICE BOX) PLANT CITY, FL 33563 · 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_\_

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
MGR	Bradshaw, Wendy, Dr.	PO BOX 3474	
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Note: If th		this block does no	ot meet the appl	icable statutory fi		s after filing.) Pursuant to s, this date will not be	
	ecifies a delayed ef	Tective date, but	not an effective	time, at 12:01 a.i	n, on the earlier	of: (b) The 90th day	after the
d is filed.		,					
d is filed.			$\sim \sim 10^{-1}$	<b>/</b> )			
d is filed.  Dated	10/10/		<u>~. ~. ~. ~. ~. ~. ~. ~. ~. ~. ~. ~. ~. ~</u>				
	10/10/			4			

Typed or printed name of signee