## LZOOOO AUSIU5

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	cument Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Th	e A Tea Name of Lim	m Bohavio ited Liability Company	ral Therapy LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Elizab	eth Canal	les
	The A Te	Name of Person  Behavi  Firm/Company	oral Theeapy 11
	3644	N.W. 100 +1	s St
e	elizabeth E-mail address: (1	City/State and Zip Code  OP 22 OS to be used for future annual report/oot	33/47 mail. com
For further information e	oncerning this matter, please ca	all:	
Elizabeth Name o	Canales.	at ( <u>786</u> ) <u>326</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filling Fee	ET \$30.00 Filing Fee & Certificate of Status	S55.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The A Tec	2m	Behavi	10101	Therapy 1
(Name of the Limited Liabil (A Florid	lity Company as i la Limited Liabilit	t now appears on or Company)	ur records.)	F
The Articles of Organization for this Limited Liability C Florida document number $\angle 2000026$ ,	Company were <u>81</u> 65	filed on OS/	28/20	Deand assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim  A TEAM Behavior  The new name must be distinguishable and contain the words "Lin	oral	Thering		e abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	<u>RESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				TAS BOOT 1
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office addre	ss on our record	s, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:				
New Registered Office Address:	··	Enter Florida stre	eri address	
			, Florida	
	С	ity	, Fiorida	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 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	Elizabeth Canales	3644 NW 100 St	DAdd
		3644 NW 100 St MIAMI FL 3314	7   Remove
			ØChange
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			□Remove
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			□ Change

	Please Change Title" of CEO
	to MGR for Elizabeth Canales
	Zodoguez
_	
fective	date, if other than the date of filing: (optional)
m effect ote: H	ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cumen	t's effective date on the Department of State's records.
ecord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ited	10/8/ 2020
	<u>Com</u>
	Signature of a member or authorized representative of a member

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

Filing Fee: \$25.00