Florida Department of State

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(((H21000016905 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DALIA ACCOUNTING SERVICE

Account Number : I20040000149

Phone : (561)478-1777

Fax Number

: (561)478-0567

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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E = -	÷	1	Address	٠

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JULISSA M ABREU, MSPT, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JLISSA M ABREU, MSPT, LLC		
(Name of the Limit	ed Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	01/01/2021	and assigned
lorida document number L21000008793	 ·		
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company he	re:	
	The state of the s	or the	abbreviation "L.I.C."
he new name must be distinguishable and contain the v	words "Limited Liability Company," the a	esignation coe or the	appreviation is a.c.
Enter new principal offices address, if applic	cable:		
Principal office address MUST BE A STREI			
			202
inter new mailing address, if applicable:		<u>},</u> ω ᢪ	
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>		# 17
			7 5
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our r ess here:	ecords, enter the in	ame of dig. gew reg.
Name of New Registered Agent:	JULISSA M ABREU		
New Registered Office Address:	460 W OCEAN AVE		
New Registered Office Address.	Enter Flo	rida street address	
	BOYNTON BEACH	, Florida	33435
	Cini		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

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>	Name	Address	Type of Action
AMBR	JULISSA M ABREU	460 W OCEAN AVE	□Add
		BOYNTON BEACH, FL 33435	□ Remove
			■ Change
			□∧dd
			☐ Change
			□ Add
			□ Change
			□Add
			Remave
			□Change
			□Add
			Remove
			□Remove
			□Change

mending any order moralisme.	ion, enter change(s) here: (Attach additional sheets, if necessary.)	
		_ -
		<u></u>
Note: If the date inserted in this bid locument's effective date on the Do	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Fursual lock does not meet the applicable statutory filing requirements, this date will not	
	2023	
JANUARY 13 Pated	, 2021	
	busia ffrom	
	Signature of a member or authorized representative of a member	
	JULISSA M ABREU	
	Typed or printed name of signee	

Filing Fee: \$25.00