

7/30/24 10:15 AM

Division of Corporations

L21000029239

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HAPPY TAX MULTI SERVICE LLC
Account Number : 120190000101
Phone : (305)904-7224
Fax Number : (305)513-5827

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

Email Address: Happy tax multiservice@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DRE SPECIAL THERAPY LLC

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M. SOLOMON

JUL 30 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doe Special Therapy 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 01/13/2021 and assigned Florida document number L21000029239

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 "L

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

15484 SW 12 Terrace

Miami, FL 33194

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15484 SW 12 Terrace

Miami, FL 33194

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:

15484 SW 12 Terrace

Enter Florida street address

Miami

City

Florida

33194

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.

[Signature]

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(This area contains horizontal lines for amending information, which are currently blank.)

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 July 30 2024

Samantha Santana
Signature of a member or authorized representative of a member

Samantha Santana
Typed or printed name of signer