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SEGRETARY OF STATE

## **COVER LETTER**

TO:

TO: Registration S Division of Co			
	A Therapy LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Yitzchok M Gold		
		Name of Person	
	Happy ABA Therapy LLC	:	
		Firm/Company	
	PO Box 1475		
		Address	<del></del>
	Lakewood NJ 08701		
	ap@southvalegroup.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please co	all: file.	
Shoshana Miller		443 450-9359 at ()	·
Name (	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for (	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 HAY 16 PM 1: 18

Happy ABA Therapy LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{02}{}$	18/2021 and assigned
Florida document number L21000082428	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :
The new name mus—sistinguishable and contain the	words "Limited Liabi	Hity Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10019 Reistersto	wn Road
(Principal office address MUST BE A STREET ADDRESS)		Floor 3	
		Owings Mills, M	ID 21117
Enter new mailing address, if applicable:		PO Box 1475	
(Mailing address MAY BE A POST OFFICE	BOX)	Lakewood NJ 08	701
B. If amending the registered agent and/or		address on our re	cords, enter the name of the new registe
agent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:	David Kutoff		<u> </u>
New Registered Office Address:	737 Main Street STE 100 PMB 33		
	Enter Florida street address		da street address
			24605
	Safety Harbor		, Florida <sup>34695</sup>

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>	<u>Name</u>	Address	Type of Action
MGR	Alexander Kiss	7750 Okeechobee Blvd STE 4-3018	□Add
		West Palm Beach, FL 33411	≣Remove
		<u> </u>	□Change
MGR	Yitzehok M Gold	10019 Reisterstown Road	
	-	F1 3	
		Owings Mills, MD 21117	🖸 Change
			□Add
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lote: If the date inserted in this	nust be specific and cannot be prior to date block does not meet the applicable s Department of State's records.	e of filing or more than 90 days aft	t <b>ional)</b> er tiling.) Pursuant to 605.020 nis date will not be listed a
record specifies a delayed effe l is filed.	tive date, but not an effective time, a	t 12:01 a.m. on the earlier of:	(b) The 90th day after the
ated	. 2022		
	efitzcherk in Nobe		
	Signature of a member or authorized	representative of a member	

Filing Fee: \$25.00