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SELALTARY OF STATE TALLAHASSEE, FLORIDA

'JUN 2 1 2022

S. PRATHEF

## **COVER LETTER**

TO:

Tallahassee, FL 32314

	egistration Se ivision of Cor		•	
SUBJECT	Bright Mine	ds Pediatric Speech Therapy L	LC.	
SUBJECT	·	Name of Lim	ited Liability Company	- <del> </del>
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retui	m all correspo	ndence concerning this matter	to the following:	
		Noleys Gomez		
			Name of Person	
		<del> </del>	Firm/Company	
		4097 Sussex Ave		
			Address	· · · · · · · · · · · · · · · · · · ·
		Lake Worth, FL 33461		
		noleys2010@gmail.com	City/State and Zip Code	
For further	information co	E-mail address: ( oncerning this matter, please co	to be used for future annual report n	otification)
Noleys Go	mez		786 5375904	
	Name of	f Person	Area Code Dayı	ime Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee	S30.00 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)
	ailing Addres egistration S		Street Address: Registration S	
	ivision of C		Division of C	
	O. Box 632		The Centre of	f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Bright Minds Pediatric Speech Therapy LLC.

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

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 03/05/2021

and assigned

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
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			□Remove
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