

L21 000 203179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

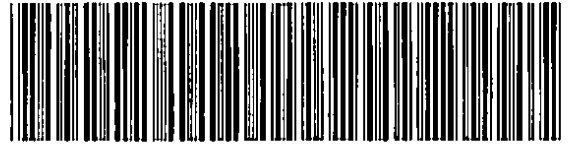
(Document Number)

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05/26/21--01016--014 \*\*25.00

2021 MAY 25 AM 11:24





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 28, 2021

NIJA COTTEN-BARKLEY  
6900 TAVISTOCK LAKES BLVD  
SUITE 400  
ORLANDO, FL 32827

SUBJECT: ABC BEHAVIOR BLOCKS, LLC  
Ref. Number: L21000203179

We have received your document for ABC BEHAVIOR BLOCKS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham  
OPS

Letter Number: 921A00014644

2021 JUN 28 AM 11:24

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ABC Behavior Blocks, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nija Cotten-Barkley

Name of Person

ABC Behavior Blocks, LLC

Firm/Company

9000 Savannah Magnolia Ln

Address

Orlando, FL 32832

City/State and Zip Code

ncbarkley@abcbehaviors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nija Cotten-Barkley

708 743-6452  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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

2011 JUL 25 AM 11:24

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ABC Behavior Blocks, 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 05/03/2021 and assigned  
Florida document number L21000203179

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Enter Florida street address

Florida

City

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<del>MGR</del> MGR	Nija Cotten-Barkley	6900 Tavistock Lakes Blvd.	<input checked="" type="checkbox"/> Add
		Suite 400	<input type="checkbox"/> Remove
		Orlando, FL 32827	<input type="checkbox"/> Change
<del>AMBR</del> AMBR	Sharon D. Floyd	6900 Tavistock Lakes Blvd.	<input checked="" type="checkbox"/> Add
		Suite 400	<input type="checkbox"/> Remove
		Orlando, FL 32827	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**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.

Dated July 7th 2021

Mija Cotton-Barkley  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**