

L21000222836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

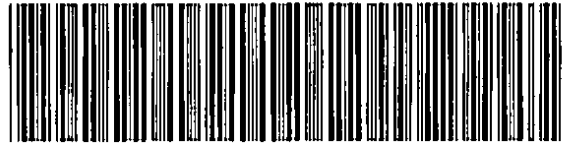
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800367663038

06/07/21--01016--026 **25.00

FILED
2021 JUN -7 PM 4:44
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABA THERAPY CHILDREN'S INSTITUTE 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:

MABEL MARICHAL

Name of Person

ABA THERAPY CHILDREN'S INSTITUTE LLC

Firm/Company

6363 OVERSEAS HIGHWAY UNIT #6

Address

MARATHON, FL 33050

City/State and Zip Code

ABATHERAPYINSTITUTE1@GMAIL.COM

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

For further information concerning this matter, please call:

MABEL MARICHAL

Name of Person

at (786) 409 9490

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ABA THERAPY CHILDREN'S INSTITUTE 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 05/12/2021 and assigned
Florida document number L21000222836.

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."

6363 OVERSEAS HIGHWAY UNIT #6 MARATHON, FL 33050

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

City

Florida

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>
CEO	BELKIS J. PEREZ ACOSTA	640 E 37TH ST HIALEAH, FL 33013	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DAYRON DIAZ FERRER	11231 SW 176 ST MIAMI FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2021 JUN - 11 PM 44
TALLAHASSEE, FLORIDA

2021 JUN -7 PM 4: 44
TALLAHASSEE, FLORIDA

FILED
2021 JUN -7 PM 4:44
TALLAHASSEE, FLORIDA

(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)

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 06/01 2021

Signature of a member or authorized representative of a member

MABEL MARICHAL.

Typed or printed name of signee

MABEL MARICHAL
18960 SW 190TH ST
MIAMI, FL 33187-1806

198

63-1403 631
125

6/2/21

Date

CHECKS ARMOR

Pay to the
Order of

FLORIDA DEPARTMENT OF STATE

\$ 25.00

TWENTY FIVE DOLLARS

Dollars



Photo
Safe
Deposit
Card



CenterState

Equal Housing Lender

For

Corp Amend - ARSA

⑆063114030⑆

11682499⑆0198