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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

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| enn ir c | | SE ABA FOR KIDS, LLC | | |
| SUBJEC | 1: | Name of Lim | ited Liability Company | |
| The enclo | osed Articles of | Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: Jorge Huertas | | |
| Please ret | urn all correspo | ndence concerning this matter | to the following: | |
| | | Jorge Huertas | | |
| | | | Name of Person | |
| | | Freedomtax Accounting & | Multiservices, Inc. | |
| | | | Firm/Company | • : |
| | | 1016 E Osceola Pkwy | | 1 |
| | | | Address | |
| | | Kissimmee, FL 34744 | | |
| | | | City/State and Zip Code | |
| | | jgelabert_aba@yahoo.com | | |
| For furth | er information c | E-mail address: (oncerning this matter, please c | to be used for future annual report not | ification) |
| Jorge Hu | | oncerning this matter, prease e | 407 344-1012 | |
| Jorge Hu | | | at () | (C.1.) |
| | Name o | f Person | Area Code Daytir | ne Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ≘ \$25.0 | 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 Addres | | Street Address: | antion |
| | Registration S Division of C | | Registration So Division of Co | |
| | P.O. Box 632 | | The Centre of | • |
| • | Tallahassee, I | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUEHOUSE ABA FOR KIDS, LLC

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

| (717 1871811 18717188 | Ballotti, Company | |
|--|---|--|
| The Articles of Organization for this Limited Liability Company | were filed on <u>05/21/21</u> | and assigned |
| Florida document number <u>L21000239035</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| TRINITY APPLIED THERAPY CENTER, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 1292 Hilltop Place | |
| (Principal office address MUST BE A STREET ADDRESS) | St Cloud, FL 34772 | - |
| | | |
| Constant and the second | | • |
| Enter new mailing address, if applicable: | <u> </u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| agent and/or the new registered office address here: Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addres | is. |
| | , Florida | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, a provided for in Chapter 605, | nd I am familiar with and F.S. Or, if this document is |
| If Cha | nging 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

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------|------------------------|--------------------|----------------|
| MGRM | Zamora Teran, Sandra Y | 2873 Mosshire Cir | |
| | | St Cloud, FL 34772 | ■Remove |
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| tet: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. ecord 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 is filed. May 28th 2021 Signature of a member or authorized representative of a member | <u> </u> | <u> </u> | | <u> </u> |
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| med May 28th 2021 Signalure of a monober or authorized representative of a member | fective date, if other than the date must be | k does not meet the applicat | o date of filing or more than 90 days aft ble statutory filing requirements, the | ional) er filing.) Pursuant to 605.0207 is date will not be listed as |
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Filing Fee: \$25.00