

121 000 274488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

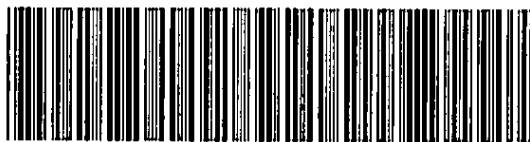
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RECEIVED

2021 AUG -9 PM 1:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2021

BONNY BIBEL
712 SECRET HARBOR LN
UNIT 102
LAKE MARY, FL 32746

SUBJECT: AUTISM BEHAVIOR THERAPY LLC
Ref. Number: L21000274488

We have received your document for AUTISM BEHAVIOR THERAPY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$60.00.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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: 221A00017472

(C)
2021 AUG -9 PM 1:39

COVER LETTER

TO: Registration Section
Division of Corporations

RECEIVED

SUBJECT: Autism Behavior Therapy
Name of Limited Liability Company

2021 JUL -6 PM 3:26

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

Please return all correspondence concerning this matter to the following:

Bonny Bibel
Name of Person

Autism Behavior Therapy
Firm/Company

712 Secret Harbor Ln unit 102
Address

Lake Mary Florida 32746
City/State and Zip Code

bonnybib@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonny Bibel
Name of Person

at (312) 351 1803 ()
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
201 E. Hall Street
Tallahassee, FL 32301

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

Autism Behavior Therapy
(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 June 14 2021 and assigned Florida document number 221000274488

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

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

☐ Change

⑤

10

△
△
△
△

Pursuant to 605.0207 (3)(b):

Dated _____, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee