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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

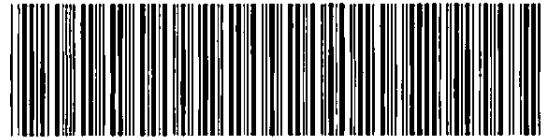
(Business Entity Name)

(Document Number)

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04/03/24--01025--021 \*\*25.00

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2024 MAY -6 PM 5:50

SECRETARY OF STATE  
TALLAHASSEE, FL

TO: Registration Section  
Division of Corporations

SUBJECT: That! Speech and Language Therapy for the Deaf and Hard of  
Name of Limited Liability Company Hearing LLC

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

Please return all correspondence concerning this matter to the following:

Olivia Conrad  
Name of Person

That! Speech and Language Therapy for the Deaf and Hard of  
Firm/Company Hearing LLC

6702 NW 29th Terrace  
Address

Gainesville FL 32653  
City/State and Zip Code

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

For further information concerning this matter, please call:

Olivia Conrad at (860) 418-9011  
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)
- Already sent

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

That! Speech and Language Therapy for the Deaf and Hard of Hearing  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company) LLC

The Articles of Organization for this Limited Liability Company were filed on 6/23/2021 and assigned  
Florida document number L21000291120.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

That! Speech and Language Services LLC

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)

5950 NW 1st place - Suite 130  
Gainesville, FL 32607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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. If the 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.*

N/A

If Changing Registered Agent, Signature of New Registered Agent

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2024 MAY - 6 PM 5:50  
SECRETARY OF  
STATE  
TALLAHASSEE  
FL

or removed from our records: enter the title, name, and address of each person being added

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>N/A</u>	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

The only two changes that I am requesting:  
Name - change to: That! Speech and Language Services LLC

Address (principal office) change to: 5950 NW 1<sup>st</sup> place  
suite 130  
Gainesville, FL 32607

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(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)  
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.

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 May 6<sup>th</sup>, 2024.

Olivia Conrad  
Signature of a member or authorized representative of a member

Olivia Conrad  
Typed or printed name of signee

Filing Fee: \$25.00