

121 000 346 305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

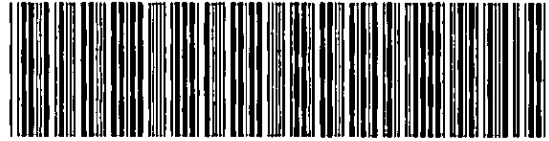
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900375037049

10/15/21--01017--024 **30.00

SECRET
FALL 2021

2021 OCT 15 AM 11:16

FILED

BRUCE
OCT 31 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Love Therapy 4 Kids 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:

Judit Rodriguez Garcia
Name of Person

Love Therapy 4 Kids LLC
Firm/Company

15981 SW 138th Ter
Address

Miami FL 33196
City/State and Zip Code

Velazquez G Multi Services R Gmail..com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Velazquez at 786 521-4014
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

2021 OCT 15 AM 11:14
TALLAHASSEE
SECRETARY OF STATE

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

Love Therapy 4 Kids 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 07/31/2021 and assigned
Florida document number L21000346305

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

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>
--------------	-------------	----------------	-----------------------

MGR	Judit Rodriguez Garcia	15981 SW 138 th Ter	<input type="checkbox"/> Add
-----	------------------------	--------------------------------	------------------------------

		Miami, FL 33196	<input checked="" type="checkbox"/> Remove
--	--	-----------------	--

		15981 SW 138 th Ter	<input type="checkbox"/> Change
--	--	--------------------------------	---------------------------------

AMBR	Judit Rodriguez Garcia	Miami, FL 33196	<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
--	--	--	---------------------------------

2021 OCT 15 AM 11:34
SECRET
ITALIA
SECRET

SECRET

SECRET
TALLAHASSEE
100-1031707

(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)

SECRET
2021 OCT 15 AM 11:14
TALLA

Dated 9/27/2021, 2021.

Judith Rodriguez Garcia
Signature of a member or authorized representative of a member

Judith Rodriguez Garcia
Typed or printed name of signee

Filing Fee: \$25.00