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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Division of C | | | | <u>.</u> |
|--|--|---|--------------------|--|
| | peech Therapy LLC | | , | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corres | pondence concerning this matter | to the following: | | |
| | Angelica D Santos | | | |
| | Radiant Speech Therapy L. | Name of Person | | |
| | | Firm/Company | | |
| | 4231 West 18 Lane | | | |
| | | Address | | |
| | Hialeah,FL33012 | | | |
| | radiantspeechtherapy@gma | City/State and Zip Code il.com | | |
| | E-mail address: (| to be used for future annual re | port notification) | |
| For further information Angelica D Santos | n concerning this matter, please c | | 5517 | |
| | | at () | Daytime Telephone | |
| Name | e of Person | Area Code | Daytime Telephone | Number |
| Enclosed is a check for | r the following amount: | | | |
| ≰ \$25,00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle | sed) C | 60.00 Filing Fee, certificate of Status & certified Copy additional copy is enclosed) |
| Mailing Add | ress: | Street Ade | dress: | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

| Radiant Speech Therapy LLC | 261000 |
|---|--|
| (Name of the Limited Liability C (A Florida Lin | Company as it now appears on our records:) 15 E.C. 7: 44 imited Liability Company) |
| | mpany were filed on $\frac{8^{7}19/2021}{2}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited | d liability company here: |
| The new name must be distinguishable and contain the words "Limited | d 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 ADDRES | (22) |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, <u>enter the name of the new registe</u> |
| Name of New Registered Agent: | <u> </u> |
| New Registered Office Address: | Enter Florida street address |
| | Emer v torida sweet dawress |
| | , Florida |
| | City 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 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> MGR | <u>Name</u> Angelica D Santos | Address 4231 West 18 Lane | #215E-15 | AN 7:44 | Type of Action |
|---------------------|----------------------------------|------------------------------|----------|-------------|----------------|
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| | | Hialeah, FL 33012 | | | □Remove |
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| ffective date, if other than the | date of filing: (options | d) |
| an effective date is listed, the date mus | st be specific and cannot be prior to date of filing or more than 90 days after filing | ng.) Pursuant to 605.0207 (|
| lote: If the date inserted in this ble ocument's effective date on the De | ock does not meet the applicable statutory filing requirements, this da | te will not be listed as ti |
| ocument's effective date on the Di | epartment of Suite a records. | |
| | | |
| | re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| t is filed. | | |
| August 27 | 2021 | |
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| | $\mathcal{O}(I) \cup \mathcal{A} \mathcal{O}$ | |
| | Signature of a member or authorized representative of a member | |
| <u></u> | Signature of a member or authorized representative of a member | |