

121 0000 388 362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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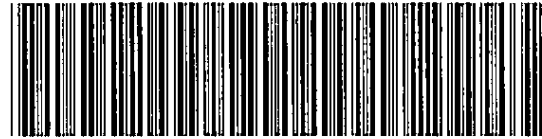
(Business Entity Name)

(Document Number)

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**FILED**  
2022 FEB 14 AM 6:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

**A. BUTLER**

**FEB 23 2022**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pivot Therapy Services, 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:

Gerymarie Caban  
Name of Person

Firm/Company

1809 E Broadway St Suite 406  
Address

Oviedo FL 32765  
City/State and Zip Code

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

For further information concerning this matter, please call:

Gerymarie Caban at ( 407 ) 666 9516  
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 32311

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

Pivot Therapy Services, LLC

2022 FEB 14 AM 6:39

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on August 31, 2021 and assigned Florida document number L21000388362.

This amendment is submitted to amend the following:

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

Say Yes Therapy and Wellness, 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)

1809 E Broadway St.

Suite 406

Oviedo FL 32765

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1809 E Broadway St.

Suite 406

Oviedo FL 32765

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

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 Changing Registered Agent, Signature of New Registered Agent

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

[illegible]

E. Effective date, if other than the date of filing: February 10<sup>TH</sup>, 2022 (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 February 10<sup>TH</sup>, 2022

Signature of a member or authorized representative of a member

Gerymarie Caban  
Typed or printed name of signee

Typed or printed name of signee