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(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:		
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Y. SCOTT DEC 1 1 2021

COVER LETTER

TO: Registration So Division of Cor			
NAMEOF	LIMITED LIABILITY COMPA	INY	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	GEISY BAEZ		
		Name of Person	·· ~
			821 F
		Firm/Company	2021 NOV 24
	29820 SW 146TH AVE		36 - 1
		Address	PA ST
	HOMESTEAD, FL 33033		$\frac{1}{2}$
		City/State and Zip Code	
	GEISYBAEZ@GMAIL.CO	DM1	
	E-mail address: ()	to be used for future annual report notificat	1011)
For further information	concerning this matter, please ea	all:	
GEISY BAEZ		786 5710446 at ()	
Name	; of Person	Area Code Daytime Te	dephone 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)
<u>Mailing Add</u>		Street Address:	on
Registratio	n Section *Corporations	Registration Section Division of Corpo	
P.O. Box 6		The Centre of Tal	
Tallahassee	e. FL 32314	2415 N. Monroe S Tallahassee, FL 3.	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAEZ BEHAIVIOR THERAPY SER	NICELLC		<u>-</u>
(Name of the Limited	Liability Company as it now appe y Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	bility Company were filed on $\frac{1}{2}$.1/08/2021	and assigned
Florida document number 1.21000482201	 ·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company	<u>here</u> :	
o con derivation tring any supplicable?			
The new name must be distinguishable and contain the wor	rds "Lumited Liability Company," the	e designation "LLC" or the ab	negation "L.L.C.
Enter new principal offices address, if applical	ble:		3 71
(Principal office address MUST BE A STREET			<u>~</u> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		76	
		4.2	7.
Enter new mailing address, if applicable:			<u></u> ယ
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on ou <u>s here</u> :	r records, <u>enter the nam</u>	e of the new regi
Name of New Registered Agent:			
New Registered Office Address:	Enter:	Flonda street address	
<u></u>		Florida	

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>	Address	Type of Action
			□Add
			□Remove
			□Clumge
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			□Remove
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ctive date, if other than effective date is listed, the date of lift the date inserted in this iment's effective date on the	s block does not	meet the appus	capie statinory	or more than 90 filling requirem	_ (optional lays after filing ents, this dat	g.) Pursuant to 60	05.020 sted (
ord specifies a delayed effe filed.	etive date, but no	ot an effective t	time, at 12:01 a	an, on the earl	ier of: (b) T	The 90th day af	ter th
ed		Jul					
	Signature of a	mentoer or and	horized represent	ative of a memb	er.		