

121 000526130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

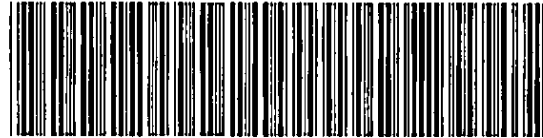
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000380068880

01/24/22--01034--025 **60.00

A. BUTLER
FEB - 3 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bryan T. Aston, LCSW, 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:

Bryan Aston

Name of Person

Bryan T. Aston, LCSW, LLC

Firm/Company

5300 NW 55th Boulevard, Apt 308

Address

Coconut Creek, FL 33073

City/State and Zip Code

bryan@biatherapy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Aston

917

485-9664

at (_____) _____

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 6527
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**

Bryan T. Aston, LCSW, 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 December 15, 2021 and assigned
Florida document number L21000526130

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)

5300 NW 55th Boulevard

Apt 308

Coconut Creek, FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5300 NW 55th Boulevard

Apt 308

Coconut Creek, FL 33073

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:

5300 NW 55th Boulevard, Apt 308

Enter Florida street address

Coconut Creek

Florida 33073

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

[illegible]

[illegible]

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.

Dated January 16, 2022

Bygget. Amn

Bryan T. Aston, Jr

Typed or printed name of signee

Filing Fee: \$25.00