L22000012224

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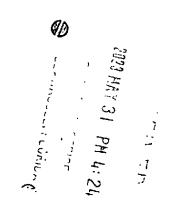
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XX	FILING	LLC AMEND				
1.	HOLISTIC LICENSED (CORPORATE NAME AND DOCUM	BEHAVORIAL ANALYSTS LLC MENT #)				
2.	(CORPORATE NAME AND DOCUM	MENT #)				
3.	(CORPORATE NAME AND DOCUM	MENT#)				
4.	(CORPORATE NAME AND DOCUM	MENT #)				
5.	(CORPORATE NAME AND DOCUME	MENT #)				
6.	(CORPORATE NAME AND DOCUM	MENT #)				
SPECIA INSTRU	L JCTIONS:					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Holistic Licensed Behavioral Analysts LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Collorida document number <u>L22000012224</u>	ompany were filed on January 4, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		ida

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
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The company i	is organized as a professional entity certified to provide applied behavior analysis.	
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te: If the date ins	optional) isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 isserted in this block does not meet the applicable statutory filing requirements, this date will not be like date on the Department of State's records.	05.0 isted
cord specifies a c s filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter t
ed 5/2	× 123	
	4. Amorrisa	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00