## 122000039963

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C. BRUMBLEY
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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
CUDIC		/IORAL THERAPY, LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Ana Solanch Hernandez K	asparian	
			Name of Person	<del></del>
		AS BEHAVIORAL THER	APY, LLC	
			Firm/Company	
		15861 SW 138 CT		
	Address			
		Miami Florida, 33177		
			City/State and Zip Code	
		anasolanch@gmail.com	to be used for future annual report noti	
r e	L			incation
ror lutti	ner information c	oncerning this matter, please c	aii.	
Ana Sol	lanch Hernandez	Kasparian	786 3045347 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for the	ne following amount:		
<b>■ \$2</b> 5	.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 Addres Registration S	Section	Street Address: Registration Se	
	Division of C	Corporations	Division of Cor	rporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AS BEHAVIORAL THERAPY, LLC				
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our r I Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Compan	•	a	and assigned	
Florida document number L22000029963				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation	"LLC" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	****			
			022	
Enter new mailing address, if applicable:		-		  th the
(Mailing address MAY BE A POST OFFICE BOX)				_
				Т
		<u></u> :		-
B. If amending the registered agent and/or registered office	address on our records, <u>e</u>	nter the name of t	he new register	<u>ēđ</u>
agent and/or the new registered office address here:				
N (2) D (				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street a	address		
		Florida Zip	<del></del>	
	·	Zip	· Code	
New Registered Agent's Signature, if changing Registered Agent	<u>í:</u>			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	e performance of my dutie	es, and I am famili	ar with and	e

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
AMBR	Ana Solanch Hernandez Kasparian	15861 SW 138 CT MIAMI FL 33177	
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		<del></del>	□Remove
			□Change
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Mactive data if other than the de	to of filing:		(antio	anal)
ffective date, if other than the da an effective date is listed, the date must be	specific and cannot be	prior to date of filing o	or more than 90 days after	filing.) Pursuant to 605.020
ote: If the date inserted in this block becament's effective date on the Depa	does not meet the ap	plicable statutory f ords.	iling requirements, this	date will not be listed a
record specifies a delayed effective d	ate but not an effecti	ve time at 12:01 a	m on the earlier of: (b)	The 90th day after th
is filed.	are, but not an effect.	ve time, at 12.01 a.	m. on the carner or. (b)	rne your day ance us
February 5	2022			
····		Z.		
	GHA	,-0		

Filing Fee: \$25.00