

122000051165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

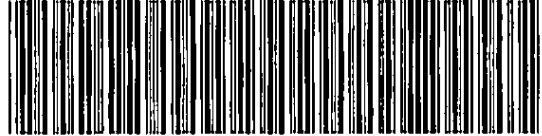
(Business Entity Name)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRAIN DEVELOPMENT CENTER 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:

KALYA GARCIA

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

8011 SW 99 CT

\_\_\_\_\_  
Address

MIAMI, FL 33173

\_\_\_\_\_  
City/State and Zip Code

KALYAGARCIAA@GMAIL.COM

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

For further information concerning this matter, please call:

KALYA GARCIA

305 335-2702  
at ( )  
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 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**



[illegible]

(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)

Dated DECEMBER 14 2022

Signature \_\_\_\_\_

KALYA GARCIA

Typed or printed name of signee