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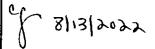
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## **COVER LETTER**

Registration Section

TO:

**Division of Corporations** FR ABA THERAPY, LLC SUBJECT: 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. PENELOPE RODRIGUEZ BOUZA Name of Person FR ABA THERAPY, LLC Firm/Company 10765 SW 108TH AVE, APT # 107 Address MIAMILEL 33176 City/State and Zip Code PENNYBOUZA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PENELOPE RODRIGUEZ BOUZA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee □ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 CULT-6 PM 2: 27 FR ABA THERAPY, 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 FEBRUARY 22, 2022 and assigned Florida document number 1.22000085451 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 "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

## 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.

Cin

\_\_, Florida \_\_\_

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
P	PENELOPE RODRIGUEZ BOUZA	10765 SW 108TH AVE, APT # 107.	□Add
		MIAMI, FL 33176	■Remove
			□Change
MGR	PENELOPE RODRIGUEZ BOUZA	10765 SW 108TH AVE, APT # 107.	<b>=</b> Add
		MIAMI, FL 33176	⊒Remove
			⊡Change
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record specifies a delayed effective of is filed.	ate, but not an c	effective time, a	nt 12:01 a.m. on	the earlier of: (b)	The 90th day afte	er the
Pated APRIL 20114	;	022				
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