## 122000101825

(Requestor's Name)
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(noutess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(=====, ====,
(Document Number)
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FILED

2022 APR 13 PH 12: 43

SECRETARY OF STATE

A. BUTLER MAY 16 2022

## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		PEAH THERAPIST LLC		
SUBJEC.	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		JESUS FERNANDEZ		
		MYOFB ENTERPRISES	Name of Person	<del></del>
MIAMI FLORIDA 33184-3225	Address -3225			
		JFERNANDEZ626@COM		
For furth	er information ec	E-mail address: ( oncerning this matter, please or	to be used for future annual report notiful.	cation)
JESUS F	ERNANDEZ		305 491-6434	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.0	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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

NIURKA SPEAH THERAPIST LLC

2022 APR 13 PM 12: 43

( <u>Name of the Limited Liabi</u> (A Flori	ility Company as ida Limited Liabil	it now appears on ou ty Company)	ir records.)	TARY OF STATE
The Articles of Organization for this Limited Liability			MEL	ARASSEE, FI
Florida document number L22000101825	——·	ined on		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability	company here:		
NIURKA SPEECH THERAPIST LLC				
The new name must be distinguishable and contain the words "Li	imited Liability Co	ompany," the designat	ion "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_			
(Principal office address MUST BE A STREET ADD	DRESS)	·· <del>···</del> ·		
			_	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reg		address on our	records, e	nter the name of the n
registered agent and/or the new registered office ad	<u>ldress here</u> :			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:				
•		Enter Florida stre	ei address	
			, Floric	ja
		City		da Zip Code
New Registered Agent's Signature, if changing Register	red Agent:			
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change	l complete perf agent as provi cred office add	formance of my di ided for in Chapte	ities, and l er 605, F.S	I am familiar with and S. Or, if this document is

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>	Name	Address	Type of Action
			□ Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
		<del> </del>	
			Remove
			Change
			Add
			Remove
			□ Change
			Remove
			☐ Change

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vote: II	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie th day after the record is filed.
	ARCH 25 2022
atad M	, <del>/</del> .
ated M	
ated M	
Pated M	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00