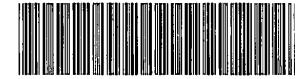
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(Requestor's Name)
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(Business Entity Name)
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TO: Registration Section Division of Corporations	D
SUBJECT: Marrero ABA Therapy Name of Limited Liability	Services LL (Change From ma y Company authorized person
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	wing:
- Mayling W	e of Person
Marrero ABA Theres	Nompany Services LLC
1221 NE 11#hst	Apt H 101 deress
homes too	F 33033 e and Zip Code
E-mail aldress (to be used to	Oud · Cam or future annual report notification)
For further information concerning this matter, please call:	
Mayling Morre We at (786 9010037 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Cer	00 Filing Fee & S60.00 Filing Fee, ified Copy tional copy is enclosed) 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

TO:

ARTICLES OF ORGANIZATION OF

Marrero ABA Theral	by Services L.C. by Ser	
(A Florida Lir	nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on02 28 22	and assig
Florida document number <u>L 22000 \ 0.392.3</u>		
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 th	e abbreviation "L.L.(
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	5) 1260 SW 82 nd Ter	Ant 215 play
Trincipal office dataress in Cost DE A STREET ADDRESS	H 33324	THE SIZE IN
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1260 SW 82 nd ler Fl 33324	Apt 215 plu
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the n</u>	name of the new re
		G
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	· · ·
		் ப
	, Florida	Zin Code
	,	<i>Σφ</i> (οαε
New Registered Agent's Signature, if changing Registered A	<u>gent:</u> 	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, and I a t as provided for in Chapter 605, F.S. (m familiar with at Or, if this docume

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of a
AH BR	Houling Marrero	1260 SW B2nd Ter Apt 213 plantation, F/ 33324	5_□Add
') J	΄) Ο	plantation, F/ 33324	□Remo
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			□Add
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			Change
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			□Remove
			□Change

or removed from our records:

O. If amen	ding any ot	her informa	ıtion, enter	change(s)	iere: (Al	tach additio	onal sheets,	if necessary	: <i>)</i>
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(If an effective Note: If	tive date is list the date inse		st be specific a lock does no	and cannot be p	plicable st				Pursuant to 605. will not be liste
he record ord is filed	-	elayed effectiv	e date, but n	ot an effectiv	e time, at	: 12:01 a.m. (on the earlie	r of: (b) The	e 90th day after
Dated _	Septe	ember_	26	202	<u> </u>				
			Signature of	a member or a	ulhorized i	representative	of a member	-	
				layling	Har	RERO le of signee			·
				Typed or h	rinted nam	e of signee			