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T. MATTHEWS APR 2 8 2022

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:	GONZAL	EZ SPEECH THERAPY	SERVICES LLC	
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspond	dence concerning this matter	to the following:	
ADDY GONZALEZ				
			Name of Person	
		GONZALEZ SPEECI	H THERAPY SERVICES LLC	
			Firm/Company	
		1310 W 38TH ST		
			Address	
		HIALEAH FL 33012-	4775	
			City/State and Zip Code	
		addygonzalezgonza	lez81@gmail.com to be used for future annual report noti	(Continue)
			·	nication)
For further info	ormation con	scerning this matter, please ca	ail:	
ADDY GOI	NZALEZ GO	ONZALEZ	at ()786-4	86-2157
Name of Person			Area Code Daytin	ne Telephone Number
Enclosed is a c	check for the	following amount:		
□ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status		☐ S60.00 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 Se Division of Cor The Centre of T	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION. CRETARY OF STATE OF HILED H

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GONZALEZ SPEECH THERAPY SERVICES 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 w	ere filed on _	03/21/2022	and assigned
Florida document number L22000137252			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability	Company," the	designation "LLC" or the	abbreviation "L.L.C."
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 ad agent and/or the new registered office address here:	dress on our	records, enter the na	ime of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	orida street address	
		, Florida	Zip Code
Now Busietured Apont's Signature, if shanging Desistand Apont.	City		Zip Code
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.

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
MGR	ARIEL ALFONSO	1310 W 38TH ST HIALEAH FL 33012	□ Add
			EXRemove
			□Change
MGR	ADDY GONZALEZ GONZALEZ	1310 W 38TH ST HIALEAH FL 33012	[XAdd
			□Remove
			□Change
			□Add
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	specifies a delaye	ed effective dat	e, but not a	n effective tin	ne, at 12:01	a.m. on the	earlier of: (b)	The 90th day	y after the
is filed	APRIL 08		· · ·	2022	/	·[]			
record s l is filed ated	APRIL 08	Sign	ature of a me	2022	_ ·	entative of a m	ember		-