L22000177294

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SECNE WAY SEE. FL

COVER LETTER

TO:

	on Section of Corporations							
	МІАМІ МО	OBILE THERAPY. I	L.C.					
SUBJECT:		Name of Limi	ited Liability Company					
The enclosed Artic	es of Amendme	nt and fee(s) are sub	mitted for filing.					
Please return all co	rrespondence cor	ncerning this matter	to the following:					
		Isied Pinedo						
			Name of Person					
			Fimi/Company					
		12513 SW 125						
			Address					
		Miami ,F1 , 33186	6					
			City/State and Zip Co	de				
	isie:	dpinedo@yahoo.con						
For further informa	tion concerning	this matter, please ca	to be used for future annuall:	наг герогі попп	cation)			
Isied Pinedo			at ()	786 619 403	6			
<u> </u>	fame of Person		Area Code	Daytime	Telephone Number			
Enclosed is a check	: for the followin	ng amount:						
■ \$25.00 Filing I		00 Filing Fee & rtificate of Status	☐ \$55,00 Filing For Certified Copy (additional copy is		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address:			Street Address:					
_	tion Section of Corporatio	ons		Registration Section Division of Corporations				
P.O. Box	•	· 		The Centre of Tallahassee				
Tallahas	see, FL 32314	1	2415 N. Monroe Street. Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 31 PM 12: 58 MIAMI MOBILE THERAPY, L.L.C. (Name of the Limited Liability Company as it now appears on our records) CINC WAY OF SHALE (A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\underline{-04/13/2022}$ and assigned Florida document number ____1.22000177294 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.

City

____, 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>	<u>Address</u>	Type of Action
AMBR	Isied Pinedo	12513 SW 125 Ct . Miami . FL . 33186	——————————————————————————————————————
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te: If the	date inserted in this bloc effective date on the Dep	k does not m	iect the applic	able statutory :	Iling requiremen	nts, this date	will not be	listed a
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ecord spec s filed.	rifies a delayed effective	date, but not	an effective ti	me, at 12:01 a	m, on the earlier	of: (b) Th	e 90th day i	ifier the
.ed	May 26	·	2022	_·				
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