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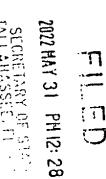
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## **COVER LETTER**

TO:

|                     | HERAPY LLC   |   |   |
|---------------------|--|---|---|
| CI:                 | Name of Lim  | ited Liability Company  |   |
| losed Articles of   | Amendment and fee(s) are sub   | mitted for filing.  |   |
| eturn all correspo  | indence concerning this matter   | to the following:   |   |
|                     | GRETEL DEBASA MAR  | IMON  |   |
| Name of Person      |  |   |   |
|                     | N/A  |   |   |
|                     |  | Firm/Company  |   |
|                     | 10820 NW 85TH TER.   |   |   |
|                     |  | Address   |   |
|                     | DORAL, FL 33178  |   |   |
|                     | ,,   | City/State and Zip Code   | <del></del>   |
|                     |  |   |   |
|                     | E-mail address: (  | to be used for future annual report noti  | ification)  |
| her information c   | oncerning this matter, please of   | all:  |   |
| EL DEBASA MA        | RIMON  | 786 384-1063  |   |
| Name o              | f Person   | Area Code Daytim  | ne Telephone Number   |
| d is a check for th | he following amount:   |   |   |
| .00 Filing Fee      | □ \$30.00 Filing Fee & Certificate of Status   | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed)   |
|                     |  | <u>Street Address:</u><br>Registration Se   | ection  |
| Division of C       | Corporations   | Division of Co  | rporations  |
|                     |  |   |   |
|                     | Division of Cor  DVERSE T  CT:  DVERSE T  Correspondent of the correspon | Name of Lim  losed Articles of Amendment and fee(s) are subseturn all correspondence concerning this matter  GRETEL DEBASA MAR  N/A  10820 NW 85TH TER.  DORAL, FL 33178  GRETEL.DEBASA@GM/E-mail address: ( ther information concerning this matter, please except DEBASA MARIMON  Name of Person  d is a check for the following amount:  1.00 Filing Fee | Division of Corporations  DVERSE THERAPY LLC  Thame of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  Seturn all correspondence concerning this matter to the following:  GRETEL DEBASA MARIMON  Name of Person  N/A  Firm/Company  10820 NW 85TH TER.  Address  DORAL, FL 33178  City/State and Zip Code  GRETEL DEBASA@GMAIL.COM  E-mail address: (to be used for future annual report not her information concerning this matter, please call:  EL DEBASA MARIMON  Name of Person  1 786  Area Code  Daytin  d is a check for the following amount:  .00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailling Address:  Registration Section  Division of Corporations  Division of Copporations  Division of Copporations  P.O. Box 6327 |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SECRETARY OF | TIL ED |
|--------------|--------|
| - 67         | 2: 28  |

DVERSE 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 MAY 2, 2022 and assigned Florida document number L22000206576 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NEURODVERSE LLC 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) N/A 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: N/A Name of New Registered Agent: N/ANew 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.

If Changing Registered Agent, Signature of New Registered Agent

\_, 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 |
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| effe | ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0   |
|      | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.  |
|      | and the control of the formation of the |
| OFC  | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t  |
| file | · · · · · · · · · · · · · · · · · · ·   |
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| :d   | May 19 2020.  |
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Filing Fee: \$25.00

Typed or printed name of signee