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RIORITY	AUTISM MMANAGENMEN	TT GROUP LLC			
	Name of Lim	ited Liability Company			
inicles of a	Amendment and fee(s) are sub	mitted for filing.			
l correspo	ndence concerning this matter	to the following:			
	ABRAHAM ZIADEH				
		Name of Person			
	ABRAHAM ZIADEH CP.	A PA			
		Firm/Company	 		
	9000 SHERIDAN STREE	T, SUITE 140			
		Address			
	PEMBROKE PINES, FL 3	33024			
		City/State and Zip Code			
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IADEH		954 651-1410			
Name of	Person		ime Telephone Number		
heck for th	e following amount:				
ing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Street Address: Registration S	Section		
sion of C	orporations	Division of C	Division of Corporations		
			`Tallahassee roe Street, Suite 810		
	rnicles of a lacorrespondence for the man of Carlos of C	PEMBROKE PINES, FL 3 abraham@ziadehepa.com E-mail address: (armation concerning this matter, please contents) Name of Person Person Rame of Limitation and fee(s) are substituted	RIORITY AUTISM MMANAGENMENT GROUP LLC Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. I correspondence concerning this matter to the following: ABRAHAM ZIADEH Name of Person ABRAHAM ZIADEH CPA PA Firm/Company 9000 SHERIDAN STREET, SUITE 140 Address PEMBROKE PINES, FL 33024 City/State and Zip Code abraham@ziadehepa.com E-mail address: (to be used for future annual report no arrunation concerning this matter, please call: IADEH Name of Person Area Code Daytimeck for the following amount: Ing Fee S30.00 Filing Fee & Certified Copy (additional copy is enclosed) Street Address: stration Section Registration Section Gion of Corporations Box 6327 The Centre of		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records,) ...,

FILED

PRIORITY AUTISM MANAGENMENT GROUP LLC

2022 JUN -3 AH 11: 05

		TALLAHASSEE, FL
The Articles of Organization for this Limited l	Liability Company were filed on 05/05/2	
lorida document number L22000214376		
his amendment is submitted to amend the fol	llowing:	
a. If amending name, enter the new name	of the limited liability company here:	
PRIORITY AUTISM MANAGEMENT GROUP	LLC	
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		<u>. </u>
Mailing address MAY BE A POST OFFICE	<u> </u>	
Mailing address MAY BE A POST OFFICE	<u> </u>	
Mailing address MAY BE A POST OFFICE	<u> </u>	
3. If amending the registered agent and/or	registered office address on our recor	ds, enter the name of the new registe
3. If amending the registered agent and/or	registered office address on our recor	ds, enter the name of the new register
3. If amending the registered agent and/or	registered office address on our recor	ds, enter the name of the new registe
3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:	registered office address on our recoress here:	
3. If amending the registered agent and/or gent and/or the new registered office addr	registered office address on our recoress here: ABRAHAM ZIADEH CPA PA	0
	registered office address on our recoress here: ABRAHAM ZIADEH CPA PA 9000 SHRIDAN STREET, SUITE 14	0

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.

Abraham Ziadsh
If Changing Registered Agent, Signature of New Registered Agent

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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			Remove
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ffective date, if other than	the date of filing:		(optional)
an effective date is listed, the date Note: If the date inserted in the ocument's effective date on the	is block does not meet the ap	oplicable statutory filing	re than 90 days after film requirements, this dat	e will not be listed as
record specifies a delayed efform is filed.	ective date, but not an effecti	ve time, at 12:01 a.m. or	the earlier of: (b) T	he 90th day after the
MAY 30	2022			
	· ·	<u> </u>		

Typed or printed name of signee

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