

10/9/24, 8:40 AM

Division of Corporations

**L2200002732**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000339722 3)))



H240003397223ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : MEDICAL BILLING CONSULTANTS, INC.  
Account Number : I20200000206  
Phone : (305)463-6690  
Fax Number : (305)463-6693

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FILED  
2024 OCT -9 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
2024 OCT -9 AM 10:59  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REFLECTION SERVICES ABA THERAPY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Reflection Services ABA 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 5/11/2022 and assigned  
Florida document number 422000222732

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

1928 Lake Worth Rd  
Lake Worth, FL 33461

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:

1418 Michigan Dr

Enter Florida street address

Lake Worth

City

, Florida 33461

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 Changing Registered Agent, Signature of New Registered Agent



