

13054636693

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 : (305)463-6690 Phone : (305)463-6693 Fax Number

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

Email	Address:		

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

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

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reflection Services (Name of the Limited Liability Compa (A Florida Linvied)	S ABA Therapy LLC any as It now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>422000222732</u>	were filed on $\frac{5/11/2022}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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 a	2024 OCT -9 PH
agent and/or the new registered office address here:	STATE OS
Name of New Registered Agent: New Registered Office Address: 1418 Mi	idigan Dr Enter Floridu street address
Lake W	City, Florida 3346/

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.

To: Page, 6 of 7 2024-10-09 13:08 08 GMT 13054636693 From: Luciano Puentes

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
			□Add
			□Change
			□Add
		ΩRemo	□ Remove
			☐ Change
			□Add
			□Change
			□Add
			□Remove
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effective date is le: If the date i	listed, the date must be sp nserted in this block d	pecific and cannot loes not meet th	t be prior to date of e applicable statt	filing or more than 9 story filing require	0 days after filing ments, this date	.) Pursuant to 605.020 will not be listed a
	ve date on the Departi			,	, .	
cord specifies a s filed.	delayed effective date	e, but not an eff	ective time, at 12	:01 a.m. on the ea	rlier of: (b) T	ne 90th day after the
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