

h22 0002 33050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

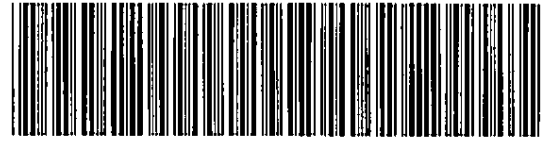
(Business Entity Name)

(Document Number)

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2022 JUN 17 AM 7:29  
TALLAHASSEE, FLORIDA

06/17/22--01024--014    ♦♦25.00

SEP - 8 2022

S. PRATHER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Journey ABA Florida LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shoshana Miller

\_\_\_\_\_  
Name of Person

Amatus Health

\_\_\_\_\_  
Firm/Company

PO Box 1475

\_\_\_\_\_  
Address

Lakewood, NJ 08701

\_\_\_\_\_  
City/State and Zip Code

ap@southvalegroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shoshana Miller

443 450-9359

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Journey ABA Florida LLC

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

FILED  
2022 JUN 17 AM 9:29  
ALL STATUTES OF STATE  
AND ASSIGNED  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 18 2022 and assigned  
Florida document number 1.22000233050

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:

7371 Main Street Ste 100 PMB 33

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

Safety Harbor, FL 34695

Enter new mailing address, if applicable:

5801 SW 37th Terrace

**(Mailing address MAY BE A POST OFFICE BOX)**

Ft Lauderdale, Florida 33312

**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:

David Kutoff

New Registered Office Address:

5801 SW 37th Terrace

*Enter Florida street address*

Ft Lauderdale


, Florida 33312

*City*

*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

*- I am familiar with and accept the obligations of this position.  
Thank you.*



