L22006292172

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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
Stephanie C	Carvajal LCSW LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Stephanic Carvajal		
		Name of Person	
	6 1 1 6 11 6 6 11		
	Stephanie Carvajal LCSW		
		Firm/Company	
	12535 S Parkland Bay Tra	il	
		Address	
	PArkland FL 33076		
		City/State and Zip Code	
	stephaniecarvajalllesw@gm		-
		to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please co	all:	
Stephanie Carvajal		954 8823197 at ()_	
Name of Person			Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address: Registration Sec	tion
Registration Section Division of Corporations		Division of Corp	
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Stephanie Carvajal LCSW 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 June 28, 2022 and assigned Florida document number L22000292172 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Through Therapy LLC 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) 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: Enter Florida street address , Florida

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

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
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			☐ Change
	 		□Add
			□Remove
			□Change

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(If an effective date Note: If the da	e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (2) the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cetive date on the Department of State's records.
he record specific ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 3	2023
<u> </u>	Signature of a member or authorized representative of a member
Ster	phanie Carvajal
	Typed or printed name of signee

Filing Fee: \$25.00