

122 000 375 960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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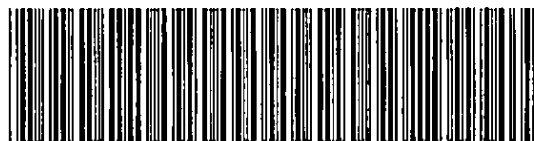
(Business Entity Name)

(Document Number)

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2022 OCT 17 AM 7:26

SECRETARY OF STATE
TALLAHASSEE, FL

1/17/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VucreativetherapyLLC

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:

Dilenia Rodriguez, COTA/L

Name of Person

vucreativetherapyllc

Firm/Company

710 sw 113 terrace

Address

pembroke pines fl 33025

City/State and Zip Code

dileniarodriguez99@live.com

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

For further information concerning this matter, please call:

Dilenia Rodriguez, COTA/L

754 2519878
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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

VUCREATIVETHERAPY LLC



DILENIARODRIGUEZ99@LIVE.COM



754-251-9878

710 SW 113 TERRACE,
PEMBROKE PINES FL 33025

DIVISION OF CORPORATION

P.O. BOX 6327 TALLAHASSEE, FL 32314

Dear Division of Corporation,

My name is Dilenia Rodriguez, COTA/L. I am the

manager of VUCreativeTherapyLLC. I open my LLC

however instead of putting manager I put AP. Currently

I need the change from AP to Manager to be able to

open the bank account. If you have any question, feel

free to contact me 754-251-9878.

Sincerely,

VucreativeTherapy LLC

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

Vucreativetherapyllc

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

2022 OCT 17 AM 7:26

SECRET, TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/26/2022 and assigned
Florida document number 1.22000375960.

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:

(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

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

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>	<u>Address</u>	<u>Type of Action</u>
AP	Dilenia Rodriguez,COTA/L	710 sw 113 terrace pembroke pines Fl. 33025	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Dilenia Rodriguez, COTA/L		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If an effective date 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee