

L22 000 415 667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

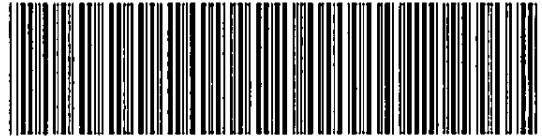
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200406103292

2023 JUN 13 PM 12:11

2023 JUN 13 PM 12:11

FILED

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2023

ALECIA RODRIGUEZ
10360 SW 186TH ST, UNIT 970831
MIAMI, FL 33197 US

SUBJECT: UNIQUE THERAPY, L.L.C.
Ref. Number: L22000415667

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 523A00012077

2023 JUN 13 PM 12:11

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unique Therapy, L.L.C.

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:

Alecia Rodriguez, PhD

Name of Person

Unique Therapy, L.L.C.

Firm/Company

10360 SW 186th Street, Unit 970831

Address

Miami, FL 33197

City/State and Zip Code

DrRodriguez@MyUniqueTherapy.com

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

2023 JUN 13 PM 12:11

FILED

For further information concerning this matter, please call:

Alecia Rodriguez, PhD

305 491-0029
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Unique Therapy, L.L.C.

(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 September 23, 2022 and assigned
Florida document number 122000415667.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Unique Therapy, PLLC

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED
2023 JUN 13 PM 12:31
CLERK OF SUPERIOR COURT
MASSACHUSETTS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

see attached

FILED
2023 JUN 13 PM 12:11
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated April 4th, 2023

Signature of a member or authorized representative of a member

Alecia Rodriguez, PhD

Typed or printed name of signee

Filing Fee: \$25.00



Florida Department of State Division of Corporation
Registration Section División of Corporation
Purpose Statement to Amend the Articles of Organization
Document/Reference Number: L22000415667

FILED
2023 JUN 13 PM 12:11
TAMPA, FLORIDA
CLERK OF CIRCUIT COURT

April 4, 2023

To: Registration Section Division of Corporation

The purpose of Unique Therapy PLLC, is to provide therapeutic services to empower individuals, couples, and families to overcome obstacles while enhancing and improving their overall well-being. Unique Therapy PLLC, provides individualized treatment for juvenile and adult sex offenders to promote offender accountability, reduce recidivism, and enhance public safety.

Respectfully,

Alecia Rodriguez, PhD, CSOT
Certified Sex Offender Therapist
Cell: 305.491.0029
Email: DrAleciaRodriguez@iCloud.com