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(Address)

(City/State/Zip/Phone #)

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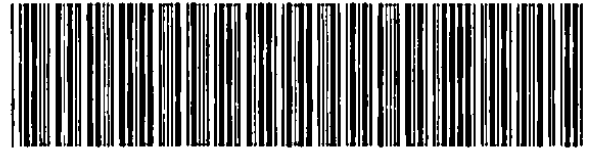
(Business Entity Name)

(Document Number)

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FEB 6 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bluebird Therapy Center, 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:

Diane Donis
Name of Person

Bluebird Therapy Center, LLC
Firm/Company

5206 Halifax Dr.
Address

Tampa, FL 33615
City/State and Zip Code

info@bluebirdtherapycenter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Donis at (954) 805-2559
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

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our records.)

W. J. ESTER


If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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), **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.

Dated Monday November 7th, 2022

Signature of a member or authorized representative

Diane Donis

Typed or printed name of signee

Filing Fee: \$25.00