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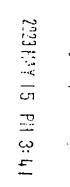
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COVER LETTER

Division of Corp	porations			
contror ALION A				
SUBJECT: ALIGN A	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Corpor	ate Maintenance Lea	ad	
		Name of Person		
	Proc	essing Department		
		Finn/Company		
	1	450 Vassar St		
		Address		
		Reno, NV 89502	•	7.23
		City/State and Zip Code		_<.
	E-mail address: ()	to be used for future annual report notific	vation)	5
For further information co	ncerning this matter, please ca	·	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Processi	ng Department	at (800) 638-2320	لمبير آنيا ٢٠١	Ģ <u>∓</u>
Name of			Telephone Number	
Enclosed is a check for the	e 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 enclose	
	NG ADDRESS: tion Section	STREET/COURIE Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

TO:

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BA THERAPY, LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/03/23	and assigned
Florida document number L23000063278	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Lumin	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- <u>-</u>	
(Principal office address MUST BE A STREET ADDR	ESS)	
	 -	(2.7
		() () () () () () () () () () () () () (
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		F F
B. If amending the registered agent and/or registered agent and/or the new registered office addr	ered office address on our records, <u>er</u> <u>ess here</u> :	iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Address	Type of Action
MGR_	TAINA TOUSSAINT	.10915 Nw 27Th Street	
		Sunrise	☐ Remove
		FL, 33322	☐ Change
MGR_	Omari Jackson	10915 Nw 27Th Street	🖸 Add
		Sunrise	☑ Remove
		FL, 33322	Change
			Ad d
		·	Change .
			☐ Add
			Remove
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

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