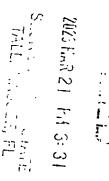
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## **COVER LETTER**

TO: Registration : Division of C					
	LABA THERAPY LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	ALFRYD TEINUY BARF	RANCO ARMAS			
		Name of Person	·····		
	SHALOM ABA THERAP	Y LLC			
		Firm/Company	<del></del>	21623 S. J.	
	16410 SW 107 AVE			2023 HAR 2	
	<del></del>	Address		- 2	
	MIAMI/FLORIDA 33157			0 P A	
		City/State and Zip Code	<del></del>		
	ALFRYDTEINUY99@YA			$\mathbb{Z}_{\mathbb{R}}^{n}$ $\omega$	
	E-mail address: (	to be used for future annual report noti	fication)		
For further information	concerning this matter, please c	all:			
ALFRYD TEINUY BA	ARRANCO ARMAS	786 294-1651			
Name	of Person		ne 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)	Certified	ficate of Status &	
Mailing Addre Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee se Street, Suite 8	10	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHALOM ABA THERAPY LLC

( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)				
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L23000108242}{L23000108242}$ .	and assigned				
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 I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		7.77			
(Principal office address MUST BE A STREET ADDRESS	S)	er ·			
		182			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		<u></u> <u> </u>			
		· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	ame of the new registered			
	, Florida				
New Registered Agent's Signature, if changing Registered Ag	City	Zip Code			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	—— agree to act in this capacity. I further dete performance of my duties, and I a as provided for in Chapter 605, F.S. C	m familiar with and Or, if this document is			

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
AMBR	ALFRYD BARRANCO ARMAS	16410 SW 107 AVE , MIAMI,FL 33157	<b>≣</b> Add
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			(□Change
	<del></del>	**************************************	□Add
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				<u> </u>
fective date, if other than the	date of filing:		_ (optional)	
on effective date is listed, the date must ote: If the date inserted in this bloom	ock does not meet the applicable:	te of filing or more than 90 o statutory filing requirem	days after (iling.) Pursu ents, this date will n	ant to 605.020 ot be listed a
ocument's effective date on the De	partment of State's records.			
ecord specifies a delayed effective	e date, but not an effective time.	at 12:01 a.m. on the earli	er of: (b) The 90th	day after the
is filed.				any according
MARCH II	2023			
nted	·			
		27/		
	Signature of a member or authorized			

Filing Fee: \$25.00