10/27/23, 11:42 AM

Division of Corporations

## Florida Department of State

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	.,00,00,			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABA BEHAVIOR INTERVENTION LLC

Certificate of Status	0
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Help

OCT 3 0 2023

K. Brumbley

To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABA BEHAVIOR INTERVENTION LLC			
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	y)		
The Articles of Organization for this Limited Liability Company were filed on Florida document number L23000141165	03/20/2023	and assig	ned
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	e designation "LLC" or the a	bhreviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<del></del>
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, <u>enter the nan</u>	ne of the new 2023 OC T	registered
Name of New Registered Agent:		:- <u>C</u>	: 
New Registered Office Address:	Florido street address	77	
Enter :	-tormo strevi nuaress , Florida	PH	\_/ ;
Ch	, riorma	Ziù Unde	<del></del>

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.

To:

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

Title	Name	Address	Type of Action
AMBR	PAULA MONTERO CORRAL	21321 SW 234TH ST.	□Add
		HOMESTEAD, FL 33031	
			☐ Change
			□Add
			□Reinove
			DVqq
	·		□Remove
			□Change
			□Add
			CIChange
			DAdd
			□Remove
			El Change
<del></del> .	<del> </del>		□Add
			□Remove
			□Change

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_	
<u>te:</u> If	e date, if other than the date of filing:
ecord s is filed	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 l.
e	10/26/2023
	Signature of a member or authorized representative of a member
	(//