## L23000153763

(Requestor's Name)
(Address)
(1881)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Warner)
(Document Number)
Certified Copies Certificates of Status
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07/24/23--01007--010 \*\*25.00

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	HERAPY LLC		<b>(A)</b>
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CRESPO, NAYLENE		
		Name of Person	
		Firm/Company	0.00.00.1
	5217 W 22ND CT APT 20	5APT	
		Address	
	HIALEAH, FL 33016		
	_	City/State and Zip Code	<del></del>
	naylenecrespo5@gmail.con		
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report noti	fication)
CRESPO, NAYLENE	oncerning this matter, prease c	786 3029811	
	of Person	at ()	T. 1 1 1 1 1
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CRESPO THERAPY LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability C Florida document number L23000153763	ompany were filed on $\frac{03/27/202}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limitation of the contain	ted Liability Company," the designation	on "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)	~)
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		* 1
		.;}
		φ.
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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 an ending 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	CRESPO, NAYLENE		
		8217 W 22ND CT APT 205HIALEAH. FL 33016	Remove
		5217 W 22ND CT APT 205 Hialeah FL 33016	<b>■</b> Change
			□Add
			□Remove
			○ Change
			\_Add
			.: ⊡Remove
			ිට DChange
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			□Remove
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		<del></del>	□Remove
			□Change

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	<u>:</u>
fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be ote:  If the date inserted in this block does not meet the apartment's effective date on the Department of State's recomment's	prior to date of filing or more than 90 days after filing.) Pursuant to 605 pplicable statutory filing requirements, this date will not be listed ords.
ecord specifies a delayed effective date, but not an effecti is filed.	ive time, at 12:01 a.m. on the earlier of: (b) The 90th day after
nted 07/18 , 2023	·
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Signature of a member or	authorized representative of a member

Filing Fee: \$25.00