

L23000154637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

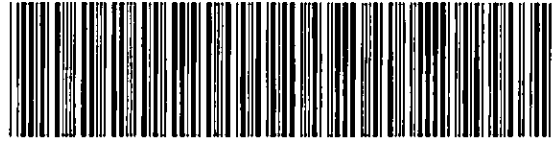
(Business Entity Name)

(Document Number)

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FILED  
2023 APR 11 AM 10:21  
CLERK OF STATE  
TALLAHASSEE, FL  
RECEIVED  
2023 APR 11 PM 3:45  
ATTORNEY GENERAL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

\_\_ Please use funds from this account: I20210000160 **\$25.00**

Authorization Signature: *Jan Feltman*

Behavioral Support Therapy, LLC L23000154637

Business

Document Number

\_\_ **Certified Copy**

\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_ Profit Corp  
\_\_ Not for Profit  
\_\_ Officer/Director  
\_\_ Limited Liability  
\_\_ Domestication  
\_\_ Other  
\_\_ **CORP**  
\_\_ **LLLP**

**AMENDMENTS**

**X** Amendment  
\_\_ Resignation of R.A.  
  
\_\_ Change of Registered Agent  
\_\_ Revocation of Dissolution  
\_\_ Merger  
\_\_ **Conversion**  
\_\_ **Amended and restated Articles**  
\_\_ **Statement of Authority**

**OTHER FILINGS**

\_\_ Annual Report  
\_\_ Fictitious Name  
\_\_ APOSTILLE

Country

\_\_ Other

**REGISTRATION/QUALIFICATIONS**

\_\_ Foreign filing  
\_\_ Limited Partnership  
\_\_ Reinstatement

EXAMINER'S INITIALS: \_\_\_\_\_

OFFICE  
2023 APR 11 PM 3:33  
Tallahassee, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Behavioral Support Therapy, 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:

Ramon Almanza  
Name of Person

Behavioral Support Therapy, LLC  
Firm/Company

8140 Caraway Dr  
Address

Orlando, FL 32819  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ramon Almanza at ( 305 ) 952-0000  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

Behavioral Support Therapy, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2023 APR 11 AM 10:21

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on March 31, 2023 and assigned  
Florida document number L23000154637.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Priscilla Almanza

New Registered Office Address:

8140 Caraway Dr

Enter Florida street address

Orlando

City

, Florida

32819

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.

Priscilla Almanza  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ramon Almanza	8140 Caraway Dr Orlando FL 32819	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2003 APR 11 AM 10:21  
DEPT. OF STATE  
MAIL ROOMS SET. FL

RECEIVED  
2023 APR 11 AM 10:21  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)(b)

**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.

If the record 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 record is filed.

Dated April 11 2023.

Signature of a member or authorized representative of a member

Priscilla Almanza  
Typed or printed name of signee