

9/5/23, 7:50 AM

Division of Corporations

L2300018810

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MBA SERVICES LLC  
Account Number : 120230000024  
Phone : (561)317-8154  
Fax Number : (754)663-5154

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
INN HEALTH CENTER USA AUTISM THERAPY ABA LLC**

Certificate of Status	0
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2023 SEP -5 PM 2:45

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SEP 06 2023  
T. LEMMEX

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INN HEALTH CENTER USA AUTISM THERAPY ABA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/17/2023 and assigned  
Florida document number 123000188810.

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 designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

*Enter Florida street 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 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>
AMBR	INN HEALTH CENTER 2 LTDA	AV BRASIL 600 CENTRO ARARUAMA RJ	<input type="checkbox"/> Add
		28,979-123 BRASIL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALICE GOMES SANTANA	646 MANATEE BAY DR	<input type="checkbox"/> Add
		BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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