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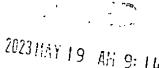
TO:

Registration Section

Division o	of Corporations	
	A Behavioral Therapy LLC	
SUBJECT:	Name of I	imited Liability Company
The enclosed Artic	les of Amendment and fee(s) are s	ubmitted for filing.
Please return all co	rrespondence concerning this matt	er to the following:
	Vanessa Feliciano Bland	co
		Name of Person
	ABBA Behavioral Ther	apy LLC
	-	Firm/Company
	13944 SW 8th St Suite 2	202
		Address
	Miami, Fl. 33184	
	info@abbabehaviorthera	City/State and Zip Code
		s: (to be used for future annual report notification)
For further informa	ation concerning this matter, please	call:
Vanessa Feliciano	Blanco	305 927-2222 at ()
Name of Person		Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:	
■ \$25.00 Filing F	Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



ABBA Behavioral Therapy LLC		· .
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	-2.12
The Articles of Organization for this Limited Liabi	ility Company were filed on 04/27/2023	and assigned
lorida document number L23000209492	· · ·	_
his amendment is submitted to amend the followi	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:	
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	ADDRESS)	·
Enter new mailing address, if applicable:		
• • • •	<u></u>	
• • • •	<u></u>	
Mailing address MAY BE A POST OFFICE BO		
Mailing address MAY BE A POST OFFICE BO. 3. If amending the registered agent and/or regis	stered office address on our records, enter the nai	ne of the new regi
Mailing address MAY BE A POST OFFICE BO. 3. If amending the registered agent and/or regis	stered office address on our records, enter the nai	ne of the new regi
Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or registered and/or the new registered office address h	stered office address on our records, enter the nai	ne of the new regi
Mailing address MAY BE A POST OFFICE BO. 3. If amending the registered agent and/or regis	stered office address on our records, enter the nai	ne of the new regi
Mailing address MAY BE A POST OFFICE BO. 3. If amending the registered agent and/or registered office address h	stered office address on our records, <u>enter the nai</u> iere:	ne of the new regi
Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or registered and/or the new registered office address had been addressed of New Registered Agent:	stered office address on our records, enter the nai	ne of the new regi
ngent and/or the new registered office address h Name of New Registered Agent:	stered office address on our records, <u>enter the nai</u> iere:	

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>	Address	Type of Action
СЕО	VANESSA FELICIANO BLANCO	13944 SW 8TH ST	□Add
		SUITE 202	≣Remove
		MIAMI, FL 33184	□ Change
CFO	YAISSER BLANCO	13944 SW 8TH ST	
		SUITE 202	Remove
		MIAMI, FL 33184	□Change
MGR	VANESSA FELICIANO BLANCO	13944 SW 8TH ST	= Add
		SUITE 202	Remove
		Młami, FL 33184	□Change
AMBR	YAISSER BLANCO	13944 SW 8TH ST	∃ Add
		SUITE 202	□Remove
	MIAMI, FL 33184	MIAMI, FL 33184	☐ Change
		 	□Add
			□Remove
			☐ Change
			Remove
			□ Change

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ective date, if other than the d	04/27/2023 late of filing:		(ontional)
n effective date is listed, the date must	be specific and cannot be prior to d	ate of filing or more than 90 day	es after filing.) Pursuant to 605.020
ite: If the date inserted in this blocument's effective date on the Dep		e statutory ming requiremen	is, this date will not be listed a
		at 12:01 a.m. on the earlier	of: (b) The 90th day after the
	date, but not an effective time,		··· (e)
	date, but not an effective time,		
ecord specifies a delayed effective is filed. May 5th	date, but not an effective time,		
is filed.			
is filed. ted May 5th			

Filing Fee: \$25.00