L23000267990

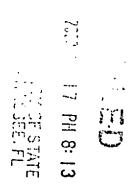
(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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P. HUNT 07/17/23

COVER LETTER

TO:	Regi Divi	istration Sect sion of Corpo	ion orations	Ź	•				
		Marrero RBT	LLC	•					
SUBJEC	:T:	<u>-</u>	Name of Lim	ited Liability Company	,				
The enck	osed	Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please ret	turn	all correspond	dence concerning this matter	to the following:					
			Meylin Quintana Marrero						
	Name of Person								
				Firm/Company			_		
			130 Harness In						
				Address		*	_		
			Kissimmee, FL 34743						
			meyquintana31@gmail.con	City/State and Zip C	lode		- COEE.	PH	: {`
			E-mail address: (to be used for future an	inual report notifi	cation)		င္ပာ	•
For furth	er in	formation cor	ncerning this matter, please c	all:			LIE	ယ	
Meylin Ç	Juin	tana Marrero		407 at (6535495				
		Name of F	Person	Area Code	Daytime	Telephone Numb	ег		
Enclosed	l is a	check for the	following amount:						
■ \$25,0	00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Ei \$55.00 Filing Certified Cop (additional copy	ıy	Certific	Filing Fee cate of Sta ed Copy al copy is en	tus &	
		ling Address:			et Address:				
		gistration So			gistration Sec				
		ision of Co). Box 6327	•		rision of Corp : Centre of Ta				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marrero RBT 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 own war and own were filed on	and assigned
Florida document number L23000267990		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Marrero Behavioral Therapy LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abb	eviation "L.L.C."
Enter new principal offices address, if applicable:	130 Harness Ln Kissimmee, FL 34743	
(Principal office address MUST BE A STREET ADDRESS)		***
	<u> </u>	
Enter new mailing address, if applicable:	130 Harness Ln Kissimmee, FL 34743 77	PH
(Mailing address MAY BE A POST OFFICE BOX)		
	ſ	η 🗜
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	, Florida City Zap Code	
New Registered Agent's Signature, if changing Registered Agent:		zip Coae
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or, i,	miliar with and
company has been notified in writing of this change.	address. I hereby confirm that the limi	

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
			UAdd
		-	☐Remove
			Change
			⊡Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) P	ursuant to 605,020
Note: If the date inserted in this block does not meet the applicable statute locument's effective date on the Department of State's records.	ory filing requirements, this date wi	Il not be listed a
record specifies a delayed effective date, but not an effective time, at 12:0 d is filed.)1 a.m. on the earlier of: (b) The 9	Oth day after the
07/03/2023 Pated		

Filing Fee: \$25.00

Typed or printed name of signee