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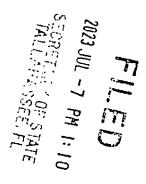
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### **COVER LETTER**

TO:

**Registration Section** 

Division of Cor	rporations			
	f Speech Bilingual Therapy Sei	rvices, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Janet M. Ortiz			
		Name of Person		
	Freedom of Speech Biling	ual Therapy Services, LLC		
	·	Firm/Company	20 Si	
	7155 W 10 Ave		2023 JUL SECRET TALLI	i (
		Address		,
	Hialeah, FL 33014		7 PH	
	slp.janetortiz@gmail.com	City/State and Zip Code	STAT	¢ <sub>ime</sub>
	E-mail address: (	to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Janet M. Ortiz		305 322-9784		
Name o	of Person	Area Code Daytin	ne 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 enclo	
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection	
Division of C P.O. Box 632	=	Division of Co The Centre of		
Tallahassee,			rananassee oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freedom of Speech Bilingual Therapy Services, 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 6/21/23 and assigned Florida document number <u>1.23000300080</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BilinGo Speech Therapy Solutions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 7155 W 10 AVE Enter new principal offices address, if applicable: HIALEAH, FL 33014 US (Principal office address MUST BE A STREET ADDRESS) 7155 W 10 AVE Enter new mailing address, if applicable: HIALEAH, FL 33014 US (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

#### 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.

City

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	<b>Type of Action</b>
MGR	JANET M. ORTIZ	7155 W 10 AVE	□Adđ
		HIALEAH, FL 33014	□Remove
			☐ Change
VPD	AMADO L. ORTIZ JR.	7155 W 10 AVE	
		HIALEAH, FL 33014	■Remove
			Change
			Add  Change  Change  Change  Add
			□Remove
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ocument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective time, at	12:01 a.m. on the earlier	of (b)	The 00	ith day after the
is filed.	12.01 d.m. on the carret	01. (0)	THE 70	di day arter tile
HINE 30 2023				
nted JUNE 30 2023				
Signature of a member of authorized r				