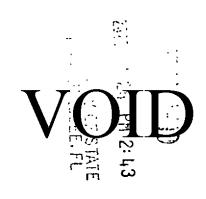
## L23000338661

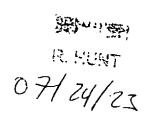
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Éntity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	/



100412487991

07/24/23--01014--014 \*+55.00





THEY CALLED ON 08/04/23 AND REQUESTED FOR THIS AMENDMENT NOT TO BE FILED AND REQUESTED A REFUND. DCC 12/13/23

This was processed on 08/18/23

## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor		. •	<u>-</u>
	E SPEECH THERAPY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MELISSA HAMILTON		
		Name of Person	
	SURF SIDE SPEECH THI	ERAPY	
		Firm/Company	
	484 RED SAIL WAY		
	-	Address	
	SATELLITE BEACH/FL	32937	
		City/State and Zip Code	
	MELISSAJEHAMILTON@		V ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
		to be used for future annual report notifica	tion)
For further information c	oncerning this matter, please ca	all:	
MELISSA HAMILTON		321 3216982886 at ( )	
Name o	f Person	Area Code Daytime To	elephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Section	on .
Division of C		Division of Corpo	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SURF SIDE SPEECH THERAPY

(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  $\frac{\text{July }18,2023}{\text{Lin}}$ and assigned Florida document number 200412385592 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SURF SIDE SPEECH THERAPY FOR ADULTS, LLC 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: (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 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>	Address	Type of Action
			□Adđ
			□Remove
			□Change
			□Add
			□Remove
		•	
			∴ □Add '
			☐ ☐ Add
			Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change

	·-··			<del></del>		
	·	·				
					<del></del>	
	· <del></del> -					
				<del>.</del>		
		<del></del>	<del> </del>			
		<u> </u>				<u> </u>
					7: T	<u> </u>
					J	2
					V in J	
<u></u>						ည်
						<del></del>
		·			. <u></u>	<del></del>
ffeeting data if at	than than the dat				(	
	ted, the date must be erted in this block	specific and cannot does not meet the	applicable statuto	ng or more than 90 day ry filing requirement		
record specifies a d d is filed.	clayed effective da	te, but not an effe	ective time, at 12:0	l a.m. on the earlier	of: (b) The 90th d	ay after the
Dated <u>JUly</u>	19	. 20	123			
		01//				
	VVUV	nature of a member	or authorized represe	entative of a member	<u> </u>	<del></del>

Filing Fee: \$25.00