

L23 000 365 057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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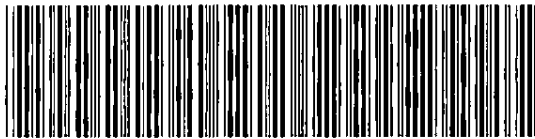
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUE BUTTERFLY BEHAVIOR CENTER , LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YUDY AGUILA CUDEIRO

Name of Person

BLUE BUTTERFLY BEHAVIOR CENTER , LLC

Firm/Company

6721 ALLEN ST

Address

HOLLYWOOD, FL 33024-1807

City/State and Zip Code

bluebutterflybehaviorcenter@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YUDY AGUILA CUDEIRO

786 805-8076
at ()

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FL

2023 OCT -5 AM 8:51

1000 000

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|--|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

BUTTERFLY BEHAVIOR CENTER , 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 8/3/2023 and assigned
Florida document number 1.23000365057.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

YUDY AGUILA CUDEIRO

New Registered Office Address:

6721 ALLEN ST

Enter Florida street address

HOLLYWOOD

City

Florida 33024-1807

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>
P	ESTEBAN RAMON DARIAS RIV	6721 ALLEN ST HOLLYWOOD FL 33024-1807	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YUDY AGUILA CUDEIRO	6721 ALLEN ST HOLLYWOOD FL 33024-1807	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL
2023 OCT -5 AM 8:54

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10.3.2023 11.00 AM

Signature of a member or authorized representative of a member

Judy Aguila Cudeiro

Typed or printed name of signee