L2300040885

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LLC Amend

2023 OCT 30 AM 8: 23

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· COVER LETTER

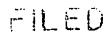
TO:

Registration Section Division of Corporations

LANGUA	GE. SPEECH AND HEARING	SERVICES LLC				
SUBJECT.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Isabelle A. Diaz					
		Name of Person				
	LANGUAGE, SPEECH A	ND HEARING SERVICES LLC				
	8918 SW 224th Terrace Address					
	8918 SW 224th Terrace					
	Cutter Bay, FL 33190					
		City/State and Zip Code	 · · · · · · · · · · · · · · · · · 			
	isabellealdiaz@gmail.com					
	E-mail address: (to be used for future annual report notifi	cation)			
For further information of	concerning this matter, please c	all;				
Isabelle Diaz		786 340-7158				
Name of Person		Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	S30.00 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta	orations			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 OCT 30 AM 8: 23

LANGUAGE, SPEECH AND HEARING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on August 31, 2023 ______ and assigned Florida document number $\underline{L23000408885}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 Cin

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
MGR	Isabelle Diaz	8918 SW 224th Terrace	
		Cutler Bay, FL 33190	Remove
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