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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration S Division of Co | | | ~ • | | | |
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| CUBICCE | OOD THERAPY LLC | | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | | |
| | Ludie Innocent | | | | | |
| | | Name of Person | | | | |
| | ERIC&LOOD THERAPY | LLC | | | | |
| | | Firm/Company | | | | |
| | 8303 NW 26PL | | | | | |
| | | Address | · | | | |
| | Sunrise, FL 33322 | | | | | |
| | | City/State and Zip Code | | so S | 2 | |
| | ludie.ihdi@gmail.com | to be used for future annual report notificati | on) | ECRI TAL |) #*g | |
| For further information | concerning this matter, please c | | (AL) | | 7 (4) 5 (4) 5 (3) | |
| Ludie Innocent | | 786 3498738 at () | | | . · | |
| Name | of Person | | ephone Number | | ာ ^५ ≖ | |
| Enclosed is a check for | the following amount: | | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Centified C | ate of Status & | | |
| Mailing Addre | ess: | Street Address: | | | | |

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

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

ERIC&LOOD THERAPY 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 $\frac{08/31/2023}{2}$ and assigned Florida document number FEIN: 933258346 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 Enter new principal offices address, if applicable: 9096 SW 36Th Manor, Miramar FL 33025 (Principal office address MUST BE A STREET ADDRESS) 9096 SW 36TH Manor, Miramar FL 33025 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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> | Type of Action |
|--------------|----------------|---------------------------------------|-----------------------|
| MGR | Ludic Innocent | 9096 SW 36Th Manor , Miramar FL 33025 | = Add |
| | | | □Remove |
| | | | □Change |
| AMBR | Eric Innocent | 9096 Sw 36TH Manor , Miramar FL 33025 | = Add |
| | | | □Remove |
| | | | 2027 TAIL I |
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| Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is bised, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Nate; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. Trecord 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 dis filed. Dated 9/08/2023 A. A | | | | | | | | | | | | |
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| Signature of a member or aythorized representative of a member | | | 4/1 | wit | 4 | V | | | | | | |
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Filing Fee: \$25.00