

L23000472012

Florida Department of State
Division of Corporations
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4KIDS THERAPY LLC**

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T. LEE TUX
OCT 27 2024
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

4KIDS 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 10/13/2023 and assigned Florida document number L23000472012.

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:

11890 SW 8 Street, Suite 216

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33184

Enter new mailing address, if applicable:

11890 SW 8 Street, Suite 216

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33184

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:

CHANGE OF ADDRESS

New Registered Office Address:

11890 SW 8 Street, Suite 216

Enter Florida street address

Miami

Florida 33184

City

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>
AMBR	CHANGE OF ADDRESS	11890 SW 8 Street, Suite 216	<input type="checkbox"/> Add
		Miami, Florida 33184	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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