

L23000494355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

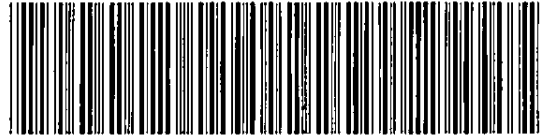
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/19/24--01016--024 **35.00

2024 OCT -7 10:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2024

DR. ALANA FALLUCCA
9607 169TH CT N
JUPITER, FL 33478

SUBJECT: SPECIAL EDUCATION ADVOCACY AND BEHAVIORAL
CONSULTING LLC
Ref. Number: L23000494355

We have received your document for SPECIAL EDUCATION ADVOCACY AND BEHAVIORAL CONSULTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

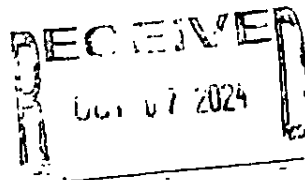
The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT
Regulatory Specialist III

Letter Number: 124A00018896



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPECIAL EDUCATION ADVOCACY AND BEHAVIORAL CONSULTING
Name of Limited Liability Company LLC

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

Please return all correspondence concerning this matter to the following:

DR. ALANA FALLUCCA
Name of Person

ABA ONLINE ACADEMY, LLC
Firm/Company

9607 169TH CT N
Address

JUPITER FL 33478
City/State and Zip Code

JUPITERAUTISM@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. FALLUCCA at (305) 923-1309
Name of Person Area Code Daytime Telephone Number

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

CHECK
SENT
CLEARED 08/21/24

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**

SPECIAL EDUCATION ADVOCACY AND BEHAVIORAL CONSULTING
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) LLC

The Articles of Organization for this Limited Liability Company were filed on 10/30/23 and assigned
Florida document number L23000494355

This amendment is submitted to amend the following:

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

ABA ONLINE ACADEMY, 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)

9607 169TH CT N
JUPITER, FL 33478

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9607 169TH CT N
JUPITER, FL 33478

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

·MGR = Manager
·AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: 09/05/24 (optional)

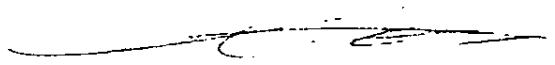
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

09/05/24


Signature of a member or authorized representative of a member

Dr. ALANA FALLOCCA

Typed or printed name of signee

Filing Fee: \$25.00