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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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11/21/28--01029--009 **25.09

COVER LETTER

TO:

TO: Registration Of Division Of	on Section f Corporations		
IBAN	EZ THERAPY LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	ibmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
	YUNIER IBANEZ PERI	ΣZ.	
		Name of Person	
		Firm/Company	
	17240 NW 74th path	. and company	~ 1
		Address	
	Hialeah Florida 33015		: 22
	yunieribanez@icloud.com	City/State and Zip Code	
	•	(to be used for future annual report notification	on)
For further informat	ion concerning this matter, please	call:	<
YUNIER IBANEZ	PEREZ	786 9226380 at ()	
Na	ame of Person		phone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ee \$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)
Division P.O. Box	ion Section of Corporations	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	tions hassee reet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IBANEZ THERAPY LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
he Articles of Organization for this Limited Liability Company were filed on	1/02/2023 and assigned
lorida document number 1.23000500289	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company l	nere:
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	
	~1
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	
3. If amending the registered agent and/or registered office address on our	records, enter the name of the new regis
gent and/or the new registered office address here:	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flo	orida street address
	Florida

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.

City

Zip Code

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
CEO	YUNIER IBANEZ PEREZ	17240 NW 74TH PATH	∆dd
		HIALEAH, FL 33015	■Remove
			□Change
MGR	YUNIER IBANEZ PEREZ	17240 NW 74TH PATH	≣ Add
		HIALEAH, FL 33015	□Remove
			□ Change
			
			Remove
			□Change ::
			Remove
			Change
			□Add
			□Remove
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			□ Change

					 		
							
							
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effective e: If the	date inserted in the	must be specifi is block does i	ic and cannot l not meet the	be prior to date applicable st	of filing or more	than 90 days after	onal) filing.) Pursuant to 605.020 date will not be listed a
iment's	effective date on th	ie Department	of State's r	ecords.			
ord spec filed.	cifies a delayed effe	ective date, bu	t not an effe	ctive time, at	12:01 a.m. on	the earlier of: (b)	The 90th day after the
:d/	No ve mber	17	_, 20	23			
		_ 1	1274				
			~ f I L	or authorized a		- m	