L24000022019

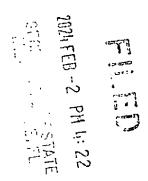
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Ousiness Linky Maine)
(Document Number)
(Document Number)
Continue Continue Continue of Continue
Certified Copies Certificates of Status
Special Instructions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





600422975276

02/02/24--01007--008 **25.00



5/2/24

COVER LETTER

	egistration Sectivision of Corp					
CUDIECT	TTNY ACHIEVE THERAPY, LLC					
SUBJECT		Name of Limited Liability Company				
The enclos	ed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please retu	rn all correspon	dence concerning this matter	to the following:			
		Lilian Santa Cruz				
		•	Name of Person	, · · · · -		
			Firm/Company			
		10422 SW 138TH PL				
		Miami, FL 33186	Address			
		·	City/State and Zip Code			
		liliansantacruzbous@gmail.				
For further	information con	E-mail address: (incerning this matter, please ca	to be used for future annual report noti	fication)	2024 FEB	- T-
Lilian			929 6058291 at ()		FEB	
	Name of I	Person	Area Code Daytim	e Telephone Number	PH	
Enclosed is	a check for the	following amount:			4: 22 STATE	
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Fee," te of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TINY ACHIEVE THERAPY, LLC	
(Name of the Limited Liability Company of (A Florida Limited Liab	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on 01/09/2024 and assigned
Florida document number L24000022019	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y 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)	
	262
_	20 EB 400
B. If amending the registered agent and/or registered office add	iress on our records, enter the name of the new register
agent and/or the new registered office address here:	P
	P P
Name of New Registered Agent:	
New Registered Office Address:	TE 2
	Enter Florida 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
MGR	Lilian Santa Cruz	10422 SW 138TH PL	
		Miami, FL 33186	□Remove
			□Change
	Laurie Santa Cruz	10422 SW 138TH PL	□ Add
		Miami, FL 33186	■Remove
			Change
			□ Add
			□ Remove
			Add ran
		· 	PH Lemove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□Add
			□Remove

D. If amending any other information,	enter chango(s) horo	· (Attach additional s	haats if nacassam	.)	
D. If amending any other information,	enter change(s) here	: (Auach adamonai s	neeis, ij necessary).)	
				·········	
			··· · · · · · · · · · · · · · · · · ·		
	-				
A	, , , , , , , , , , , , ,		-	, , , , , , , , , , , , , , , , , , , 	
		<u> </u>			
	· · · · · · · · · · · · · · · · · · ·				
					
				-	
				- 23	
		<u> </u>		2024 FT	M
				EB-2	(-12 4E)
					المعدا) المالية المالية
				E E 2	Same?
E. Effective date, if other than the date of	nf filing:		(antional)	1 12 12	
E. Effective date, if other than the date of (If an effective date is listed, the date must be specified. If the date inserted in this block do document's effective date on the Department.	ecific and cannot be prior to ses not meet the applica	o date of filing or more than	n 90 days after filing.) irements, this date v	Pursuant to 605.0: will not be listed	207 (3)(b) as the
If the record specifies a delayed effective date, record is filed.	but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The	: 90th day after t	he
Dated	2024				
Sìgnati	ure of a member or author	rized representative of a me	ember		
Laurie Santa Cruz					
	Typed or printe	d name of signee			