

L24000038009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

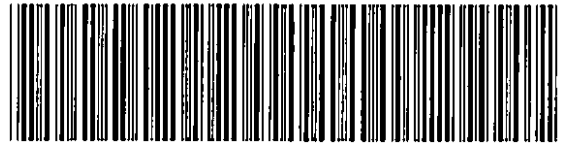
(Business Entity Name)

(Document Number)

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2024
JUN 12 AM 8:08
CLERK OF STATE
TAMMISSEE, FL

ED

R. HUNT

06/12/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Children's Empowerment Therapy LLC Children's Empowerment Therapy LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Kaitlyn Farmer

Name of Person

Children's Empowerment Therapy

Firm/Company

3233 Diamond Knot Circle 3233 Diamond Knot Circle

Address

Tampa Florida 33607

City/State and Zip Code

KaitlyneFarmer1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kaitlyn Farmer

901 5737975

at ()

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)

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 ORGANIZATION

Children's Empowerment Therapy LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

childrew's Empowerment Therapy LLC

The Articles of Organization for this Limited Liability Company were filed on 01/19/2024 and assigned
Florida document number L24000038009

This amendment is submitted to amend the following:

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

Children's Empowerment Therapy 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)

3233 Diamond Knot Circle

Tampa, Florida

33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3233 Diamond Knot Circle

Tampa, Florida

33607

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:

Kaitlyn Farmer

ERROR

New Registered Office Address:

3233 Diamond Knot Circle

Enter Florida street address

Tampa

City

Florida 33607

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Kim Herman	16514DALE MABRY	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33618	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (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 06/04/2024 9:50am

Signature of a member or authorized representative of a member

Kaitlyn Farmer

Typed or printed name of signee