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COVER LETTER

TO: Registration Section

Division of C	orporations		
	inds Behavior Therapy LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondent	pondence concerning this matter	to the following:	
	Iliana Lopez Leon		
		Name of Person	
	Little Minds Behavior Therapy LLC Firm/Company 3650 NW 36th Street APT 102 Address Miami,FL 33142 City/State and Zip Code Littlemindsbehaviortherapy@gmail.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 305 339 3982 at (
		Firm/Company	
	3650 NW 36th Street APT	102	
	-	Address	
	Miami,FL 33142		
	.	City/State and Zip Code	
	- ·		<u></u>
			tification)
For further information	concerning this matter, please of	all:	
Iliana Lopez Leon			
Name	of Person		ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 63 Tallahassee.		The Centre of 2415 N. Monro	l allahassee pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Litttle Minds Behavior Therapy Li	LC	2(245~~)-2 F** 5: t
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compar	pears on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on	01/22/2024 and assigned
Florida document number L24000040558	 ·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or	registered office address on ou	r records, <u>enter the name of</u> the new r <u>egistere</u> c
agent and/or the new registered office addre		
Name of New Registered Agent:	Iliana Lopez Leon	
New Registered Office Address:	3650 NW 36th Street APT 102	!
	Enter .	Florida street address
	Miami	, Florida 33142
	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>	Address	Type of Action
MGR	Iliana Lopez Leon	3650 NW 36th Street APT 102	■Add
			□Remove
			Change
AMBR	Iliana Lopez Leon	3650 NW 36th Street APT 102	≅ Add
			П С П С П С П С П С П С П С П С П С П С
			□Change
			□Add
		-	□Remove
		.	□Change
			□Add
			□ Remove
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			🗀 Add
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			□Add
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			□Change

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