

L24000064798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

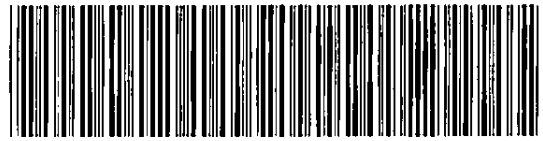
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/24/24--01017--021 **25.00

SEP 24 2024
TALLAHASSEE, FL
STATE

2024 SEP 24 AM 3:12

5018-1110

Handwritten signature or initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Learn Play Connect Therapy Services, 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:

Lauren Coggins
Name of Person

Learn Laugh Connect Therapy Services LLC
Firm/Company

18050 Rhumba Way
Address

Boca Raton, FL 33496
City/State and Zip Code

Lauren@LearnLaughConnect.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Coggins at (954) 806-3652
Name of Person Area Code Daytime Telephone Number

Enclosed is the following amount:

☒ \$25.

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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Learn Play Connect Therapy Services LLC

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

FILED

2024 SEP 24 AM 3:12

The Articles of Organization for this Limited Liability Company were filed on

2/5/2024

SECRETARY OF STATE
and assigned

Florida document number

L240000064798

This amendment is submitted to amend the following:

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

Learn Laugh Connect Therapy Services 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

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.

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|------------------|--------------------------------------------|
| MGR | Lauren Bouchacourt | 18050 Rhumba Way | <input type="checkbox"/> Add |
| | | Boca Raton, FL | <input checked="" type="checkbox"/> Remove |
| | | 33496 | <input type="checkbox"/> Change |
| MGR | Lauren Coggins | 18050 Rhumba Way | <input checked="" type="checkbox"/> Add |
| | | Boca Raton, FL | <input type="checkbox"/> Remove |
| | | 33496 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

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

Legal name change of manager from Lauren
Bouchacourt to Lauren Coggins due to
marriage. Please see marriage certificate and
updated driver's license attached.

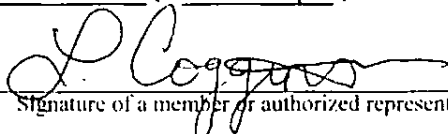
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 September 18, 2024.



Signature of a member or authorized representative of a member

Lauren Coggins

Typed or printed name of signee

Department of Health - Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPERCASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

CFN 20230436689

OR BK 34745 PG 720

RECORDED 12/28/2023 9:45 AM

Palm Beach County, Florida

Joseph Abruzzo

CLERK & COMPTROLLER

Pg: 1 of 1

50-2023-ML-7641944-SB

(APPLICATION NUMBER)

APPLICATION TO MARRY

| | | | |
|---------------------------------------------------------------------|--------------------------|------------------------------------|--------------------------------------------------------|
| 1. NAME OF SPOUSE (First, Middle, Last) LAUREN PAIGE BOUCHACOURT | | 1b. MAIDEN SURNAME (if applicable) | 2. DATE OF BIRTH (Month, Day, Year) August 29, 1991 |
| 3a. RESIDENCE - CITY, TOWN, OR LOCATION BOCA RATON | 3b. COUNTY PALM BEACH | 3c. STATE FLORIDA | 4. BIRTHPLACE (State or Foreign Country) FLORIDA |
| 5a. NAME OF SPOUSE (First, Middle, Last) ANDREW PHILLIP COGGINS | | 5b. MAIDEN SURNAME (if applicable) | 6. DATE OF BIRTH (Month, Day, Year) March 4, 1989 |
| 7a. RESIDENCE - CITY, TOWN, OR LOCATION BOCA RATON | 7b. COUNTY PALM BEACH | 7c. STATE FLORIDA | 8. BIRTHPLACE (State or Foreign Country) NEW JERSEY |

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBLIGATION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

| | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 9. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Lauren Bouchacourt</i> | 10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) November 15, 2023 |
| 11. TITLE OF OFFICIAL Deputy Clerk | 12. SIGNATURE OF OFFICIAL (Use black ink) <i>Joseph U. Abruzzo</i> |
| 13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>Andrew Coggins</i> | 14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) November 15, 2023 |
| 15. TITLE OF OFFICIAL Deputy Clerk | 16. SIGNATURE OF OFFICIAL (Use black ink) <i>Joseph U. Abruzzo</i> |

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY LAW OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

| | | | |
|--------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|-----------------------------------------|
| 17. COUNTY ISSUING LICENSE Palm Beach | 18. DATE LICENSE ISSUED November 15, 2023 | 18a. DATE LICENSE EFFECTIVE November 18, 2023 | 19. EXPIRATION DATE January 14, 2024 |
| 20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Joseph U. Abruzzo</i> | 20b. TITLE Clerk of the Circuit Court & Comptroller | 20c. BY D.C. TJ | |

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 21. DATE OF MARRIAGE (Month, Day, Year) Dec 9, 2023 | 22. CITY, TOWN, OR LOCATION OF MARRIAGE Fort Lauderdale, FL |
| 23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Patrick Grodeska</i> | 23b. ADDRESS (Of person performing ceremony) 280 35 104 ST Palm Beach FL 33408 |
| 23c. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Of Notary stamp) PATRICK GRODESKA Notary Public - State of Florida Commission # MH 124035 My Comm. Expires Jan 1, 2025 Bonded through National Notary Assn. | 24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Lauren Bouchacourt</i> |
| 25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Andrew Coggins</i> | |

INFORMATION BELOW FOR USE OF VITAL STATISTICS ONLY - NOT TO BE RECORDED



STATE OF FLORIDA - PALM BEACH COUNTY
I hereby certify that the foregoing is a
true copy of the record in my office with
recitations, if any as required by law.

THIS 28 DAY OF Dec 2023

JOSEPH ABRUZZO
CLERK OF THE CIRCUIT COURT & COMPTROLLER

By: *Clara Wilk*
Deputy Clerk