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(Re	equestor's Name)	
(Ac	ldress)	
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SECRETARY OF STATE
TALL AHASSEF FL

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT:	v tion Focus Name of Lim	Therapy, LhC	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	27
	Solution	Focus Therapy Firm/Company Treasure Driv Address	\(\frac{1}{2}\)
		City/State and Zip Code Oright @ G Mail. to be used for future annual report not	
For further information c	oncerning this matter, please c	all:	
Sy Wain Wane o	right f Person	at (<u>443</u>) <u>9/3</u> Area Code Daytin	- 3919 ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solution Focus	5 Therapy,	LLC
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on or nited Liability Company)	or records.)
The Articles of Organization for this Limited Liability Completion of the Limited Liability Complete Label 1000/06821.	pany were filed on Ma	rch 1, 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Solution Focused The The new name must be distinguishable and contain the words "Limited	rapy, LLC Liability (Jompany," the designat	
Enter new principal offices address, if applicable:	N/A	CE AN TOTAL
(Principal office address MUST BE A STREET ADDRES	<u> </u>	HAN 6 FT
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	_N/A	SEE. FL
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our record	s, enter the name of the new registered
Name of New Registered Agent:	A	
New Registered Office Address: N/A	Enter Florida stre	et 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>	Name	Address	Type of Action
·	NIA		□Add
			□ Remove
			
			SECRETARY OF STATE
			E Change T
			Add 71D 2
			□Change
			□Add
			□Remove
		 	Change
			□Add
			□Remove
•			☐ Change
· · ·			DAdd
			☐ Remove

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suant to 605.0207 not be listed as
h day after the

Filing Fee: \$25.00