

VA

L24 000 185 677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

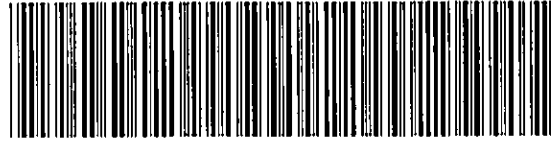
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2024 OCT 24 PM 1:33  
TALLAHASSEE, FL

FILED  
2024 OCT 24 PM 1:29  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RAINBOW BEHAVIOR CENTER 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:

ELIZABETH DE LA CRUZ RIZZO

\_\_\_\_\_  
Name of Person

RAINBOW BEHAVIOR CENTER LLC

\_\_\_\_\_  
Firm/Company

3001 NW 49TH AVE SUITE 203

\_\_\_\_\_  
Address

LAUDERDALE LAKES, FL 33313

\_\_\_\_\_  
City/State and Zip Code

501COMMUNITYCENTERCORP@G.RAIL.COM

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

For further information concerning this matter, please call:

ELIZABETH DE LA CRUZ RIZZO

at ( 786 ) 568-1017

\_\_\_\_\_  
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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RAINBOW BEHAVIOR CENTER LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/19/2024 and assigned  
Florida document number L24000185677

This amendment is submitted to amend the following:

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

RAINBOW FISICAL THERAPY CENTER 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)**

9380 SUNSET DR SUIT 202

MIAMI FL 33173

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

9380 SUNSET DR SUIT 202

MIAMI FL 33173

**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

City

Florida

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**

**Title**

**Name**

Address

**Type of Action**

☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

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

NAME CHANGE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If no effective date is listed, the date must be \_\_\_\_\_)

(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 match the date of filing, the filing is not valid.

**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 OCTOBER 24 2024

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Signature of a member or authorized representative of a member

Elizabeth de la Cruz Pizzo

Typed or printed name of signer

**Filing Fee: \$25.00**