

# L24000202380

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000251904 3)))



H240002519043ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FREEDOMTAX ACCOUNTING & MULTISERVICES, INC.  
Account Number : 120180000068  
Phone : (407)344-1012  
Fax Number : (407)344-1371

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
BRAVE KIDS THERAPY LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL 26 2024

FILED

2024 JUL 25 AM 3:52

STATE OF FLORIDA  
TALLAHASSEE

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

2024 JUL 25 PM 12:58

RECEIVED

Jul 25, 2024 12:25 PM

## COVER LETTER

As. 2731002 21043  
H270002 21043

TO: Registration Section  
Division of Corporations

SUBJECT: BRAVE KIDS 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:

ANTHONY VASQUEZ

Name of Person

FREEDOMTAX ACCOUNTING & MUTLISERVICES INC

Firm/Company

1016 E OSCEOLA PARKWAY

Address

KISSIMMEE, FL 34744

City/State and Zip Code

AVASQUEZ@FREEDOMTAXFL.COM

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

For further information concerning this matter, please call:

ANTHONY VASQUEZ

407 344-1012

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

H240002517043

Jul. 25. 2024. 12:26PM

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BRAVE KIDS THERAPY LLC

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

No. 273100 P. 39071  
**FILED**  
2024 JUL 25 AM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/30/2024 and assigned  
Florida document number L24000202380.

This amendment is submitted to amend the following:

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

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:

ANGIE L MENDOZA CASTILLO

New Registered Office Address:

11883 NW 47 MNR

Enter Florida street address

CORAL SPRINGS


City

Florida 33322

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

11240002519043

11.25.2024 12:26PM  
If an individual is authorized to manage, enter the title, name, and address of each person being added or removed from our records: Vol. 273

H240002517043

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BRAVE KIDS PPEC LLC	10163 W SAMPLE ROAD	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGIE L MENDOZA CASTILLO	11583 NW 47 MNR CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2024 JUL 25 AM 3:52  
TALLAHASSEE, FL  
SECRETARY OF STATE

H240002517043

JUL 25 2024 12:26PM

H296.2731013.51

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

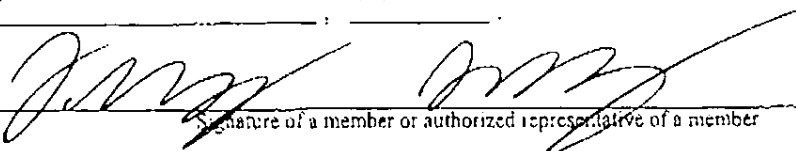
WE ARE REMOVING BRAVE KIDS PPEC LLC AS AMBR, AND JUAN C LACHE AS REGISTERED  
AGENT, AND ADDING ANGIE LISSET MENDOZA CASTILLO AS MGRM. THANK YOU.

FILED  
2024 JUL 25 AM 3:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 07/25/2024 (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 JULY 25, 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JUAN C LACHE

\_\_\_\_\_  
Typed or printed name of signer