

L24000226949

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

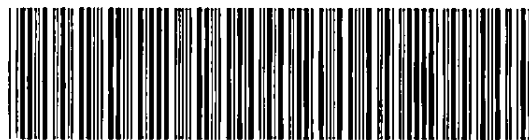
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GLV BEHAVIOR 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:

GEYDIS LINARES VALERA

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

GLV BEHAVIOR THERAPY LLC

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

6860 SCOTT ST

\_\_\_\_\_  
Address

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

HOLLYWOOD, FL 33024

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

For further information concerning this matter, please call:

GEYDIS LINARES VALERA

786

750-4628

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

**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>
SMBR	LINARES VALERA, GEYDIS	6860 SCOTT ST	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SMBR	LINARES VALERA, GEIDY	6860 SCOTT ST	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

(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)

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 May 15th 2024

*[Signature]*

Signature of a member or authorized representative of a member

Creydis Linares Valera  
Typed or printed name of signee

**Filing Fee: \$25.00**