

L24 000 240 719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

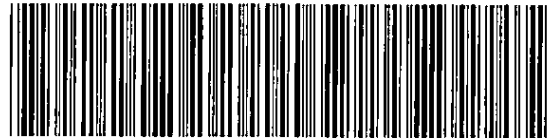
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Let-



100433355781

07/19/14--01002--005 \$25.00

2014 JUL 19 PM 6:09

8/15/2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORWARD FOCUS THERAPY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATERINE M VALDES

Name of Person

Firm/Company

8340 SW 65TH AVE APT 8

Address

MIAMI FL 33143

City/State and Zip Code

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

For further information concerning this matter, please call:

Katerine M Valdes 786 597-7184
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

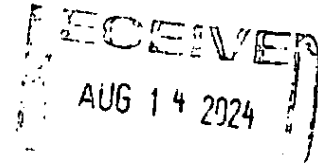
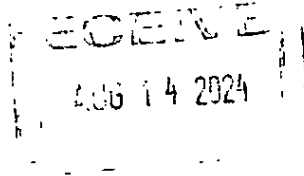
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2024

KATERINE M VALDES
8340 SW 65TH AVENUE
APT 8
MIAMI, FL 33143



SUBJECT: FORWARD FOCUS THERAPY LLC
Ref. Number: L24000240719

We have received your document for FORWARD FOCUS THERAPY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 724A00016591

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FORWARD FOCUS THERAPY LLC

2024.05.14 PM 6:09

(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 05/24/2024 and assigned
Florida document number 1.24000240719.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8340 SW 65th AVE

APT 8

MIAMI FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8340 SW 65TH AVE

APT 8

MIAMI FL 33143

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:

KATERINE M VALDES

New Registered Office Address:

8340 SW 65TH AVE APT 8

Enter Florida street address

MIAMI

City

Florida 33143

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>
AMBR	JONATHAN VALDES	8340 SW 65TH AVE	<input checked="" type="checkbox"/> Add
		APT 8	<input type="checkbox"/> Remove
		MIAMI, FL 33143	<input type="checkbox"/> Change
AMBR	KATHERINE M BELLO	3135 NW 59TH ST	<input type="checkbox"/> Add
		MIAMI FL 33142	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KATERINE M VALDES	8340 SW 65TH AVE	<input checked="" type="checkbox"/> Add
		APT 8	<input type="checkbox"/> Remove
		MIAMI FL 33143	<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

[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.

Kate
Signature of a member or authorized representative of a member

Typed or printed name of signee