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COVER LETTER

то:	Registration Sec Division of Corp		•	
	Baby and Bo	eyond Therapy, LLC		•
SUBJE	ECT:			<u>-</u> .
		Name of Lim	ited Liability Company	
The en	closed Anicles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Sabrina Francis/Teresa Cut	illo	
		•	Name of Person	
		Baby and Beyond Therapy		
			Firm/Company	
		1070 Audace Ave Apt 204		
			Address	
		Boynton Beach, FL 33426		
		Exposed servers thyresel seen	City/State and Zip Code	
		E-mail address: (speech Services to be used for future annual report noti	@ gmail.com
For fur	ther information co	oncerning this matter, please c		,
Sabrina	ı Francis			
		-	at (407) 491-5437	c Telephone Number
	Name of	Person	Arca Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$ 2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate 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

Baby and Beyond Therapy, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Company lorida document number 1.24000281984	were filed on June 21, 2024	and assigned
his amendment is submitted to amend the following:		
L. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- <u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	, Florida	Zip Code 50 C
	City	Zip Co de 😤 c

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 hability company has been notified in writing of this change.

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	<u>Address</u>	Type of Action
			□ Add
			🖸 Remove
			☐ Change
			□ Add
			(] Remove
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			[] Add
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ctive date, if other tha effective date is listed, the da	n the date of fa	iling:	ar to date of filing or	more than 90 days	optional)	manust to 605	: 034
e: If the date inserted in a	this block does n	ot meet the appli	cable statutory fil	ing requirements	this date wil	I not be liste	ed a
iment's effective date on	те пераптен	of State's record	S.				
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d July	<u>+</u>	$-\frac{\omega}{4}$	14 n ()				
\	Sulru	na S	m us	/			
	Signature o	of a member or auth	norized representati	ve of a member	-		