124000295423

(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:





700434634167

09/16/24--01024--028 **60.00

2024 AUG 16 PM 1: 16 SECRETARY OF STATE TALLAHASSEE, FL

M

COVER LETTER

SUBJECT:	Divergent Le	arners Therapy LLC				
SOBOLC1.		Name of Lim	nited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return	all correspond	dence concerning this matter	to the following:			
		Diana La Santa and Juniel	l Romero			
			Name of Person			
Divergent Learners Therapy LLC						
Firm/Company						
830 Hi St						
Address						
		Lake Worth, FL 33461				
			City/State and Zip Code		2 <u>1</u> S	
divergent.learnersllc@gmail.com E-mail address: (to be used for future annual report notification)			24 A ECF	æ. ì		
Can Samban in	C		·	ort notification)		} :
rot turtilet in	normation con	cerning this matter, please c	aii.		表記 6	1
Juniel Rome	ro		561 360-77 at ()	772	SEE P	; i i
	Name of P	'erson		Daytime Telephone Number	2024 AUG 16 PH 1: 16 SECRETARY OF STATE TALLAHASSER, FL	<i>ا</i> سیدا
Enclosed is a	check for the	following amount:				
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	() Certified	e of Status &	

TO:

Registration Section Division of Corporations

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

Divergent Learners Therapy LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000295423</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u> .
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		20 S
		TO A TO
		UG I
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 Tiew Register
		Est =
Name of New Registered Agent:		THE 6
New Registered Office Address:		***
	Enter Florida street address	
	Florid	
	City	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 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>	Type of Action
MGR	Diana La Santa	830 Hi St	□ Add
		Lake Worth, FL 33461	□ Remove
			■Change
			□ Add
		 	□Remove
			□Change
			□Add
			SECRETATION OF AND
			RETARY COUSTATER Remove
			□Change
			□Add
		<u></u>	Remove
			□Change
			□Add
			Remove

							_
				<u> </u>			
	·-·						-
					<u> </u>		_
							-
		<u></u>					_
	· —				-		-
			_				_
		·					_
						S	- 2:
						ECRETARY OF ST TALLAHASSEE, I	2024 AUG
						TAR	
		<u> </u>				SSE RO 7	
						STA	
						n i	01
fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	e specific and o c does not mo	cannot be prior eet the applic	to date of filin able statutor	g or more than ((optional 0 days after filing ements, this date) g.) Pursuant to 60	- 6 -)5.0207 (. sted as th
ecord specifies a delayed effective d is filed.	ate, but not a	an effective ti	me. at 12:01	a.m. on the ea	rlier of: (b) T	he 90th day aft	er the
ited July 18	Fann	2024	-4	4			
	//////W		X				