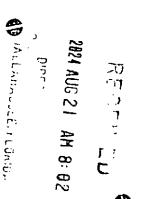
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(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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08/71/24

## **COVER LETTER**

TO: Registration S Division of Co			
REFLECTSUBJECT:	TIVE RIVERS THERAPY & (	CONSULTING LLC	
3000EC1	Name of Lin	mited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	RENEE RIVERS		
		Name of Person	
	REFLECTIVE RIVERS	THERAPY & CONSULTING LLC	2
		Firm/Company	
	15315 NW 60TH AVE, S	EUITE B	;
		Address	
	MIAMI LAKES, FL 3301	14	
		City/State and Zip Code	
	RENEE@REFLECTIVER		Ċ
For further information of	E-mail address: concerning this matter, please c	(to be used for future annual report not call:	ification)
RENEE RIVERS		305 528-7667	
Name (	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Fiting 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	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Cor The Centre of T	
Tallahassee,	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

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

#### REFLECTIVE RIVERS THERAPY & CONSULTING LLC

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

(A Florida Limited Liability Compa	iny)
The Articles of Organization for this Limited Liability Company were filed or	07/26/2024 and assigned
Florida document number L24000331884	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y 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>o</b>
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, <u>enter the name of the new regis</u>
and the same same to the same same same same same same same sam	
Name of New Registered Agent:	
New Registered Office Address:  Enter	Florida street address
City	, Florida Zip Code
	,

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>	Address	Type of Action
AMBR	RENEE RIVERS	15315 NW 60TH AVE	
		SUITE B	□Remove
		MIAMI LAKES, FL 33014	☐Change
			□Add
			Remove
			□Change
			• ••
			Change
			□Add
			Remove
		<del></del>	□Change
			□Adđ
			Remove
<del></del>			□Add
			□Remove
			□Change

	£\$
<u> </u>	
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the application ument's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0 able statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective tirs filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after
ed	<b>~</b> .
- 1/	)
Simological	rized representative of a member

Filing Fee: \$25.00