

L24000358685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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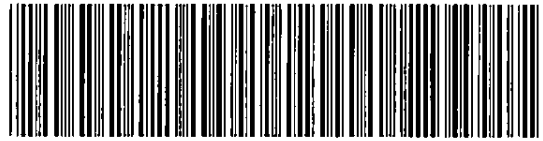
(Business Entity Name)

(Document Number)

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R. HUNT

09/12/24

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **MIAMI BEHAVIORAL NEUROSCIENCE 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:

MARLENE PEREZ

Name of Person

MIAMI BEHAVIORAL NEUROSCIENCE LLC

Firm/Company

6940 W 24TH CT

Address

HIALEAH, FL 33016

City/State and Zip Code

juan@rsvtax.com

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

For further information concerning this matter, please call:

MARLENE PEREZ

786

333-1206

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

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

MIAMI BEHAVIORAL NEUROSCIENCE KKC

(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 08/15/24 and assigned Florida document number L24000358685.

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 "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. 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:

DENNY CASTELLANOS

New Registered Office Address:

6940 W 24TH CT

Enter Florida street address

HIALEAH

Florida 33016

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 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>
MGR	MARLENE PEREZ	6940 W 24TH CT	<input type="checkbox"/> Add
		HIALEAH, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENNY CASTELLANOS	6940 W 24TH CT	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE
TAMPA, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 29, 2024

MARLENE PEREZ

Typed or printed name of signee