

L24000391836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

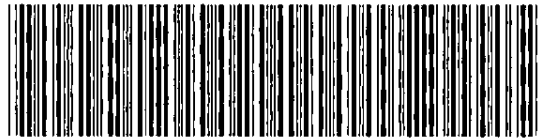
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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536

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900435256599

08/28/24--01033--002

2024 SEP 24 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

SEP 24

Me

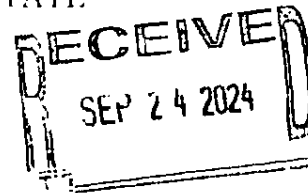


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2024

BARBARO O RAMOS  
214 SW 15 TER  
HOMESTEAD, FL 33030

Ref. Number: 900435256599



We have received your document for and your check(s) totaling \$60. However, the enclosed document has not been filed and is being returned for following correction(s):

Our records show no entity by this name.

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

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

Morgan E Lovett  
Regulatory Specialist II

Letter Number: 824A00019780

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 SEP 24 PM 3:00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R&R Behavioral Therapy

\_\_\_\_\_  
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:

Barbaro O Ramos

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

214 sw 15 ter

\_\_\_\_\_  
Address

Homestead, FL, 33030

\_\_\_\_\_  
City/State and Zip Code

r.rbehavioral.therapy@gmail.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2024 SEP 24 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

R&R Behavioral Therapy

(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 08-01-2024 and assigned  
Florida document number 99-4248627

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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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**

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	Ismery Roldan Perez	214 sw 15 ter, Homestead, Fl, 33030	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2014 SEP 14 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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SECRETARY OF STATE  
TALLAHASSEE, FL

2024 SEP 24 PM 3: 00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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100  
100  
100

**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 08-03-2024

Barbaro O Ramos Diaz

**Filing Fee: \$25.00**

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L24000391836  
FILED 8:00 AM  
July 31, 2024  
Sec. Of State  
mkanderson

**Article I**

The name of the Limited Liability Company is:  
R&R BEHAVIORAL THERAPY LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
214 SW 15 TER  
HOMESTEAD, FL. UN 33030

The mailing address of the Limited Liability Company is:  
214 SW 15 TER  
HOMESTEAD, FL. UN 33030

**Article III**

Other provisions, if any:

AT R&R BEHAVIORAL THERAPY LLC, WE PROVIDE SPECIALIZED  
SUPPORT TO CHILDREN WITH AUTISM AND BEHAVIORAL CHALLENGES  
THROUGH EVIDENCE-BASED THERAPIES. WE FOCUS ON ENHANCING  
THEIR QUALITY OF LIFE AND PROMOTING THEIR GROWTH AND  
WELL-BEING

**Article IV**

The name and Florida street address of the registered agent is:  
BARBARO O RAMOS  
214 SW 15 TER  
HOMESTEAD, FL. 33030

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: BARBARO O RAMOS

2024 SEP 24 PM 3: 00  
SECRETARY OF STATE  
TALLAHASSEE, FL.

FILED

# *State of Florida*

## *Department of State*

I certify the attached is a true and correct copy of the Articles of Organization of R&R BEHAVIORAL THERAPY LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on July 31, 2024 effective July 30, 2024, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.


The document number of this limited liability company is L24000391836.

Authentication Code: 240912084905-400434029204#1

2024 SEP 24 PM 3: 00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Twelfth day of September, 2024



  
Cord Byrd  
Secretary of State