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10/21/24--01007--009 **25.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Early Intervention ABA Services LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tiling.
Please return all correspondence concerning this matter to the following:
Maria A. Coronado Name of Person
Early Intervention ABA Services LLC.
5139 Montecristo Terrace
Fort Proce, FL 34951 City/State and Zip Code
maletace 86@hotmail com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Maria A. Coronado 31,754, 2353813
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee SCERTIFICATE OF Status SCERTIFICATE OF Status SCERTIFICATE OF STATUS SCENTIFICATE OF SCENTIFI

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

Early Intervention f	ABA (Services	LLC.
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appe Liability Company	ars on our records.))
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400042278</u> 9	were filed on _	10/01/2	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company	here:	
		· • • • • • • • • • • • • • • • • • • •	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			·
			0
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)			
			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our	records, enter th	ne name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
		Flor	
	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>	Name	Address	Type of Action
MGR.	Maria A. Coronado	5139 Montecristo terro	C. XAdd
		Ft Pierce, Florido 3495	□Remove
			□Change
AMBR	Luis Aguilar	5139 Montecristo terrace Ft	XAdd
		Pierce FL 34951	□Remove
			□Change
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			□Change

	
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<u>Note:</u> 11	e date, if other than the date of filing:
e record : d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated	10/11 2024
	May Alexander Concorder Signature of a member or authorized representative of a member
	· . · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00