L25000 251431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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J. HORNE
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TALLAHASSEE, FLORIDA

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2025 OCT 10 AM 11:11
DIVISION OF CORPORATIONS

TALLAHASSEE COURIER SERVICES LLC

TALLAHASSEECOURIER@GMAIL.COM
Brandon Long, (850) 491-9625

COVER LETTER

AMENDMENT

FILING FEE

$25.00 (check attached)

Business Name:

SKILLS FOR GROWTH THERAPY LLC

Document Number:

L25000257431

TALLAHASSEE COURIER SERVICES LLC

TALLAHASSEECOURIER@GMAIL.COM
Brandon Long, (850) 491-9625

COVER LETTER

AMENDMENT

FILING FEE

$25.00 (check attached)

Business Name:

SKILLS FOR GROWTH THERAPY LLC

Document Number:

L25000257431

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SKILLS FOR GROWTH THERAPY 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:

MARIA ELENA VINCES
Name of Person

SKILLS FOR GROWTH THERAPY LLC
Firm/Company

1801 NE 125 ST SUITE 314; OFFICE #349
Address

MIAMI, FL 33181
City/State and Zip Code

MAELENAVINCES@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA ELENA VINCES at (786) 316-5859
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

FILED
2025 OCT 10 AM 11:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SKILLS FOR GROWTH THERAPY LLC

(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 06/02/2025 and assigned Florida document number L25000257431.

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)

1801 NE 123 ST
SUITE 314; OFFICE #349
MIAMI, FL 33181

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1801 NE 123 ST
SUITE 314; OFFICE #349
MIAMI, FL 33181

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: MARIA ELENA VINCES

New Registered Office Address: 1801 NE 123 DT SUITE 314; OFFICE #349
Enter Florida street address

MIAMI, **Florida** 33181
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

Title	Name	Address	Type of Action
MGR	MARIA ELENA VINCES	1801 NE 123 ST	☐ Add
		SUITE 314; OFFICE #349	☐ Remove
		MIAMI, FL 33181	■ Change
MGR	DANIEL CANEL	1801 NE 123 ST	■ Add
		SUITE 314; OFFICE #349	☐ Remove
		MIAMI, FL 33181	☐ Change
MGR	DARIO BORTNIK	1801 NE 123 ST	■ Add
		SUITE 314; OFFICE #349	☐ Remove
		MIAMI, FL 33181	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADD EIN # 39-3889658 TO SUNBIZ

I would also like to amend the address on the Fictious name to: 1801 NE 123 ST

SUITE 314; OFFICE#349

MIAMI, FL 33181

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated OCTOBER 9, 2025.

Signature of a member or authorized representative of a member

MARIA ELENA VINCES

Typed or printed name of signee

Filing Fee: $25.00