

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M220002418283

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : Vcorp Services, LLC
Account Number : 120080000067
Phone : (845) 425-0077
Fax Number : (845) 616-3588

2022 JUL 18 AM 9:17

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPARK ABA THERAPY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 JUL 18 PM 12:27

APPROVAL
AND
FILE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Spark ABA Therapy LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M22000005282

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/07/2022

2022 JUL 18 PM 12:27

APPROVED
AND
FILED

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>AGL LLC</u>	<u>7100 W CAMINO REAL STE 404</u>	<input checked="" type="checkbox"/> Add
		<u>BOCA RATON, FL 33433</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>EMA AMA LLC</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>SW CAFL LLC</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>KOVACS, DEBRA</u>	_____	<input type="checkbox"/> Add
		_____	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Debra Kovacs

Signature of the authorized representative

Debra Kovacs

Typed or printed name of signee

Filing Fee: \$25.00