## P22000031071

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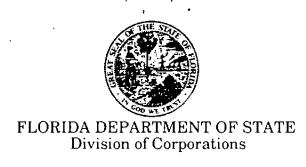


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SELVELANT OF STATE
RALLAHASSEE FLORIDA

JUL - 7 2022 S. PRATHER



June 23, 2022

SUNFLOWER ABA THERAPY LLC 11860 SW 175TH TERRACE MIAMI, FL 33177 US

SUBJECT: SUNFLOWER ABA THERAPY LLC

Ref. Number: P22000031071

We have received your document for SUNFLOWER ABA THERAPY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 222A00014244

Stacy Prather Regulatory Specialist III

www.sunbiz.org

## **COVER LETTER**

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section
Division of Corporations

Tallahassee, FL 32314

Division of Corporations			
NAME OF CORPORATION: SUNFLOWER ABA The rapy LLC DOCUMENT NUMBER: P22 0000 310 71			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Lorera G. V. Habbos  Name of Contact Person  Sun flower ABA The rapy LLC  Firm/ Company  11860 Sw 175 th terrace  Address  Miami, Floridy, 33177  City/ State and Zip Code  Villaldros 1616@ Hotmail.com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Lorera G Villalobos at (365), 469 3980  Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)			

Street Address
Amendment Section

**Division of Corporations** 

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

## **Articles of Amendment** Article

es of Incorporation of	[ALLAII
currently filed with the Florida Dept. of State)	ָרְטְטֵרָר.
umber of Corporation (if known)	-

(Name of Corporation	on as currently filed with the Florida Dept. of State)	S .
		SEE 6
(Docum	nent Number of Corporation (if known)	75 A
D	a Statutes, this Florida Profit Corporation adopts the follo	유로 그
Pursuant to the provisions of section 607.1006, Florida	a Statutes, this Florida Profit Corporation adopts the follo	owing amendane
its Articles of Incorporation:		- <del></del>
A. If amending name, enter the new name of the co	orporation:	
C Clause ARA-	<u>, , , , , , , , , , , , , , , , , , , </u>	
SUNTIONER ADA	Therapy Corp.	The new
name must be distinguishable and contain the word "co	orporation," "company," or "incorporated" or the abbrev	viation "Corp.,"
"chartered," "professional association," or the abbre	" or "Co". A professional corporation name must conviation "P.A."	mtain the word
B. Enter new principal office address, if applicable	::	
(Principal office address MUST BE A STREET ADI		
<del></del> -		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	O.X)	
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the	
new registered agent and/or the new registered	office address:	
N ON Decident		
Name of New Registered Agent		
	(Florida street address)	<del></del>
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	vistered Agent:	
	I am familiar with and accept the obligations of the positi	ion.
Sime	ature of New Registered Agent, if changing	
Sign	and cog their registered regent, y enunging	

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PTD	Lorera, G, Villalobas	11860 SW 178th terrace Miani, Florida, 32177
X Add			Miami, Florida, 32177
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del> </del>
6) Change			<u> </u>
Add			
Remove			

ttach <i>additional sh</i>	ing additional Articles, enter of eets, if necessary). (Be specif			
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an amendment p	rovides for an exchange, recla	ssification, or cancella	tion of issued shares.	
rovisions for imp	lementing the amendment if n	ot contained in the am	endment itself:	
(if not applicab	ole, indicate N/A)			
	<u>,                                      </u>			
	<del></del>			

• •	•	
The date of each amendment(s) adoption date this document was signed.	n: 07[1]22	, if other than the
Effective date <u>if applicable</u> :	67/1/22	
	(no more than 90 days after amend	lment file date)
Note: If the date inserted in this block d document's effective date on the Departm		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were adopted by action was not required.	by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each to	by the shareholders through voting group voting group entitled to vote separately on	
"The number of votes cast for the	e amendment(s) was/were sufficient for ap	proval
by		
	(voting group)	122 CL A
		HA F
Dated 0711	122	-6 -6 -888 N∷
Signature	Grade y	JUL -6 PM 12: 53 AHASSEE, FLORID  officers have not been rer, trustee, or other court
(By a director	, president or other officer - if directors or	officers have not been RAT
	n incorporator – if in the hands of a receivuciary by that fiduciary)	er, trustee, or other court
(	Lorena G. Villa	alobos
	(Typed or printed name of person sig	ning)
	PTD	
<del>-</del>	(Title of person signing)	<del></del> -