I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am a managing member or manager of the limited liability company or the receiver or trust that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: DIANET ESPINOSA	PRESIDENT	02/06/2024

PRESIDENT

SIGNATURE: DIANET ESPINOSA

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: KENDALL BEHAVIOR SERVICES LLC

# **Current Principal Place of Business:**

14333 SW 52 ST MIAMI, FL 33175

## **Current Mailing Address:**

DOCUMENT# L19000210425

14333 SW 52 ST MIAMI, FL 33175 US

## FEI Number: 84-4472422

Authorized Person(s) Detail :

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ESPINOSA, DIANET 14333 SW 52 ST MIAMI, FL 33175 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Title	MGRM, VP, AUTHORIZED MEMBER	Title	MGRM, PRESIDENT, AUTHORIZED MEMBER
Name	PAREDES, ANGEL	Name	ESPINOSA, DIANET
Address	14333 SW 52 ST	Address	14333 SW 52 ST
City-State-Zip: M	MIAMI FL 33175	City-State-Zip:	MIAMI FL 33175

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

#### FILED Feb 06, 2024 Secretary of State 6288430973CC

Certificate of Status Desired: No

Date

Date