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T. HAMPTON

EXAMINER

COVER LETTER

TQ:	Registration S Division of Co			
SUBJI	ecr: Fir	st Coast Behar	pior Solutions, Ll and Liability Company	<u>. C</u>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		<u>Kimbe</u>	Name of Person	
		First Coast	Behavior Solution Firm/Company	ns. LLC
		5059 Black	burn Stocet Address	
		Jacksonu	Ne FL 32210 City/State and Zip Code	
		Kimberly Cr E-mail address: (1	wise @msn. (om o bo used for future annual report notificati	on)
For fur	rther information	concerning this matter, please c		•
/	(inberty Name	Cruise of Person	at (904) 476-895 Area Code & Daytime Te	lephone Number
Enclos	sed is a check for	the following amount:		
\$25	5.00 Filing Fec	530.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF GORPORATIONS

First Coast Behavior	Solutions	Llc	10 NOV -4 AMIT: 24
(Name of the Limited Liability (A Florida L	Company as it now appearmited Liability Company	ars on our reco	ords.)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L.0900091355</u>	ompany were filed on	10/05/20	and assigned
This amendment is submitted to amend the following:			
A. If smending name, enter the new name of the limi	ted liability company h	ere:	
The new name must be distinguishable and end with the worn "L.L.C."	ds "Limited Liability Com	pany," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
			•
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		 	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records,	enter the name of the new
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM = Ma	ger naging Member		
<u>Title</u>	Name	Address	Type of Action
HOR	Brandy Leo	5058 Blackburn Street Jucksonville, FC 38210	Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
			_□ Add □ Remove
			Add Remove
D. If amendir	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY SECRETARY 10 NOV -4
	201		ARY OF STATE CORPORATIONS
Dated	arnbur 1, 201		ONS
-		or authorized representative of a member	
-	Kimberly	Cruise r printed name of signee	<u>.</u>

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Filing Fee: \$25.00