#1/1000022325

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
•		

Office Use Only



700212284437

10/04/11--01005--006 **25.00

11 0CT -4 PM 2: 54

EXAMINER
OCT 5 2011

COVER LETTER

H

, į

TO: Registration Section Division of Corporations		
SUBJECT: MARIA elen Palomino 140		
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:		
Mariaelena Palonino		
Mariaelena Palonino Name of Person Name of Person Name of Person Sim/Company		
Firm/Company		
8340 SW 105 St		
Address		
Might: FL 33156 City/State and Zip Code		
Behavioral Ai De Grail. Cor E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mariaelena Polonino at (786) 281 8855 Name of Person Area Code & Daytime Telephone Number		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

11 OCT -4 PM 2:54

SLOWE FACT OF STATE

ALLAHASSES FLORES

ed Llability 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 _ Florida document number L110000 22325 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here; Solutions LLC Behavioral Aid The new name must be distinguishable and end with 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) Enter new mailing address, if applicable: مرا که (Mailing address MAY BE A POST OFFICE BOX) 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: 340 Sw los St

Enter Florida street address New Registered Office Address:

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 at 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 finited liability company has been notified in writing of this change.

ng Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 = Manager MGRM = Managing Member **Title Address Type of Action** <u>Name</u> M6RM M GRM ☐ Add Remove Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) From "MEL" Dated

Typed or printed name of signee

Mariaelena

Page 2 of 2

Filing Fee: \$25.00