

LI3000171385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

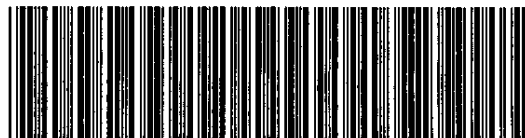
(Business Entity Name)

(Document Number)

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15 OCT 20 PM 12:46
RECEIVED
STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS

OCT 24 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Behavior Changes LLC

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:

Kristen Obermeyer Rodriguez

Name of Person

Behavior Changes LLC

Firm/Company

556 Richardson Rd

Address

DeFuniak Springs FL 32433

City/State and Zip Code

behaviorchanges@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Obermeyer Rodriguez 850 865-0628

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 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**

Behavior Changes LLC

(Name of the Limited Liability 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 12/09/2013 and assigned Florida document number L13000171385.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain 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:

(Mailing address MAY BE A POST OFFICE BOX)

Kristen O. Rodriguee
556 Richardson Rd
DeFuniak springs, FL 32433

16 OCT 10 PM 1:26
CLERK OF COURT
STATE OF FLORIDA

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:

Kristen Obermeyer Rodriguez

New Registered Office Address:

556 Richardson Rd

Enter Florida street address

changed 9/29/2016

DeFuniak springs, Florida 32433

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Artie Dwain Rodriguez	556 Richardson Rd	<input type="checkbox"/> Add
		DeFuniak Springs Fl 32433	<input type="checkbox"/> Remove
		Change from AMBR to MGR	<input checked="" type="checkbox"/> Change
MGR	Steven C. Stout	3757 Monopoly Ct.	<input type="checkbox"/> Add
		Gulf Breeze, FL 32563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nicole Deshotel Stout	3757 Monopoly Ct.	<input type="checkbox"/> Add
		Gulf Breeze, FL 32563	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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12:40

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Changes are the result of partnership buyout.

Multiple horizontal lines for additional text entry.

E. Effective date, if other than the date of filing: 10/3/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

Signature of a member or authorized representative of a member

Typed or printed name of signee

16 OCT 20 PM 12:46

RECEIVED DEPARTMENT OF STATE