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COVER LETTER

тоі	Registration Se Division of Cor				
		/A BEHAVIORAL SERVICE	S, LLC		
SUBJEC	T:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub			
		ANDY CASANOVA			
			Name of Person	-	-
		CASANOVA BEHAVIOR	RAL SERVICES, LLC		
	Firm/Company				- - 20 -
1124 WEST 71TH ST				:	E TI
			Address	:	一起了一
		ı	LED 18 M 8: 13 ASSEE, FLORIDA		
	City/State and Zip Code ANDYCASANOVALUS@GMAH_COM E-mail address: (to be used for future annual report notification)				
For furt	ser information c	oncerning this matter, please co	all:		
7207.	CASANOVA		786 657-	8443	
	Name o	of Person	at () Area Code	Daytime Telephone Numbe	r
Huclosed	Lis a check for th	he following amount:			
⊞ \$25.	90 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	ate of Status &
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Registratio Division of Clifton Bui	l'Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASANOVA BEHAVIORAL SERVICES, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.17000124464}{1.000124464}$.	y were filed on 06/07/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
ASANOVA TRUCK, LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		18 M 8: 13
3. If amending the registered agent and/or registered (registered agent and/or the new registered office address he		enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Comment of the commen	
	Enter Florida street address	
	, Floric	
	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 = · Blanager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
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m effective date is fisted, the date mu ofe: If the date inserted in this b	ock does not meet the	e applicable st	of filing or more than atutory filing requi	i 90 days after fili rements, this da	ng.) Pursuant to 6 ite will not be li	05.020 sted a:
ocument's effective date on the D	epartment of State's i	records.				
record specifies a delayed	Leffective date. I	hut not an e	effective time	at 12:01 a m	on the on-	Ca
The 90th day after the rec	ord is filed.	oc noc an c	incerve time,	1012.01 8.11	i. On the ear	ner o
JUNE 12TH	2018	3				
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	Signature of a member					