L17000 158100

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
	:
(Document Number)	,
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	



700303397857

09/13/17--01020--002 ++25.00

17 SEP 14 AM 7: 08
SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BEHAVIOR	SUPPORT AL	LIANCE LLC

BEHAVIOR SUPPORT ALLIANÇE	ELDC
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
) i	Trional busined blacking company
The Articles of Organization for this Limited Lia	ibility Company were filed on 7-24-17 and assigned
Florida document number L17000158100	
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	
	<u></u>
Enter new meding address if applicables	A A Market Service Se
Enter new mailing address, if applicable:	S
(Mailing address MAY BE A POST OFFICE B	
B. If amending the registered agent and/o	r registered office address on our records, enterthe name of the new
registered agent and/or the new registered offi	
[}	·
Name of New Registered Agent:	
New Registered Office Address	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as regist	agent and agree to act in this capacity. I further agree to comply with the r and complete performance of my duties, and I am familiar with and tered agent as provided for in Chapter 605. F.S. Or, if this document is egistered office address, I hereby confirm that the limited liability hange.
ij	

Page 1 of 3

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 Type of Action Address Title **Name** DILLON, SARAH MGR 1211 E KENNEDY BLVD, #209 □ Add TAMPA, FL 33602 ■ Remove ☐ Change DILLON, SARAH 1211 E KENNEDY BLVD, #209 AMBR **■** Add TAMPA, FL 33602 □ Remove □ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add Remove ☐ Change

Page 2 of 3

mending any other miorinatio	n, ente <mark>r change(s) here: (Attach addi</mark>	/
· · · · · ·		
		
		NA I
,		7 SE
		P I L
		SET OF AM
	<u> </u>	7.1
		CORIO STATE
		<u> </u>
ctive date, if other than the da	te of filing:	(optional) more than 90 days after filing.) Pursuant to 605.
If the date inserted in this block ment's effective date on the Department.	does not meet the applicable statutory fili	ing requirements, this date will not be liste
		time, at 12:01 a.m. on the earlie
e 90th day after the record	is filed:	
d September 5	2017	
	M182)_	
	gnature of a member or authorized representative	ve of a member
Morgan W Streetman Fsc	authorized representative of the member	r
Morgan W. Streetman, Esc	authorized representative of the member Typed or printed name of signee	r