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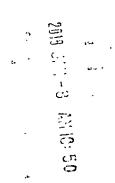
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COVER LETTER

cupie/m.	LAURA PER	EZ CARDENAS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		LAURA PEREZ CARDENAS	
		Name of Person	
	Н	BEHAVIOR SYSTEM, LLC	
		Firm/Company	
16341 SW 145th CT			
		Address	
	;	MIAMI, FLORIDA 33177	
		City/State and Zip Code	
	·	PC2518@GMAIL.COM	
	E-mail address: (1	to be used for future annual report notific	cation)
For further information of	concerning this matter, please ca	ill:	
LAURA PEREZ	CARDENAS	786 332-1678	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

TO:

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

LAURA PEREZ CARDENAS	LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	cars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	10/23/2017	and assigned
lorida document number		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company	here:	
BEHAVIOR SYSTEM, LLC		
he new name must be distinguishable and contain the words "Limited Liability Company," th	e designation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applicable:		
	-	. 25
Principal office address MUST BE A STREET ADDRESS)		(;
		် က
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
		· · ·
	- <u></u>	<u> </u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	on our records, enter	
13ac)		
City	Florida	Zip Code
(illy		гір Сойе

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>	Address	Type of Action
			Add
			Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
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	ate, if other than the date	e of filing:specific and cannot be prior to date of filing	(optional)	
Tective d	e date inserted in this block o	specific and cannot be prior to date of filing does not meet the applicable statutory timent of State's records.	filing requirements, this date will	rsuant to 605.02 not be listed
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Page 3 of 3

Filing Fee: \$25.00