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	(Requestor's Name)
	(Address)
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	(City/State/Zib/Phone #) PICK-UP WAIT MAIL
	(Business Ehtity Name)
	(Document Number)
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\$	pecial Instructions to Filing Officer:
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SECRETARY OF STATE

N COOPER NAR 2 1 2019 SECRETARY OF STATE TALLAHASSEE, FLORIDA

			COVER LETTER	
TO:	Registration Secti			
	Division of Corpo	orations		
SUBJEC		OR SERVICES LLC		
		Name of Li	nited Liability Company	
The encl	losed Articles of Ar	mendment and fee(s) are su	bmitted for filing.	
Please re	eturn all correspond	lence concerning this matte	r to the following:	
		FUNDORA, YULISSA		
			Name of Person	
		YF BEHAVIOR SERVICE	CES LLC	
			Firm/Company	
		9346 W 33RD WAY		
			Address	
		HIALEAH, FL 33018		
			City/State and Zip Code	
]		FundorayuLissa@Y	AHOO,COM (to be used for future annual report not	ification)
For furth	ner information con	cerning this matter, please	·	c.wo.i,
MULISS	SA FUNDORA		786 378-0556	
	Name of P	erson		ne Telephone Number
Enclosed	d 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)
	Registrati Division (P.O. Box	G ADDRESS: ion Section of Corporations 63.7 ee, FL 32314	STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive Control Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
Articles of Organization for this Limited Liability Co	ompany were filed on 01/04/2018	and assigned
da document number 1.18000003242	⊸	
amendment is submitted to amend the following:		
f amending name, enter the new name of the limit	ted liability company here:	
new name must be distinguishable and contain the words "Limi	ted Liability Company "the designation "LLC" or the a	bbreviation "L.L.C."
	ted Entormy Company. The designation Else of the d	Soleviation B.B.C.
er new principal offices address, if applicable:		
ncipal office address MUST BE A STREET ADDR	ESS)	
		\$ S
er new mailing address, if applicable:		 - m
ling address MAY BE A POST OFFICE BOX)		
		, ' D
stered agent and/or the new registered office addr	ess nere.	~~~
		S HA
Name of New Registered Agent:		- G SS
New Registered Office Address:		<u> </u>
	nailing address, if applicable: dress MAY BE A POST OFFICE BOX) Inding the registered agent and/or registered office address on our records, enter the name of gent and/or the new registered office address here:	ਜ਼
I	Florida	.
	, , , , , , , , , , , , , , , , ,	
		Zip Code

<u>01</u> M	GR	noved = M	g Authorized Pers from our records Ianager outhorized Membe		nage, enter the title, name, and address of each	person_being added
ĩĩ	tle	K = A	utnorized Membe <u>Name</u>		<u>Address</u>	Type of Action
 	CR		THIAGO FERI	EIRA	1255 N FLAGLER DR	Add
					FORT LAUDERDALE FL 33304	Remove
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	-					Add
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if amending any other i	nformation, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the date inserted in	an the date of filing:	05.0207 (3) sted as the
e record specifies a d The 90th day after t	elayed effective date, but not an effective time, at 12:01 a.m. on the earl e record is filed.	lier of:
MARCH IST	2018	
•		Ze
	Signature of a member or authorized representative of a member	
		ASS
		וח
	Typed or printed name of signee	֓֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
	Page 3 of 3	
	Filing Fee: \$25.00	=