

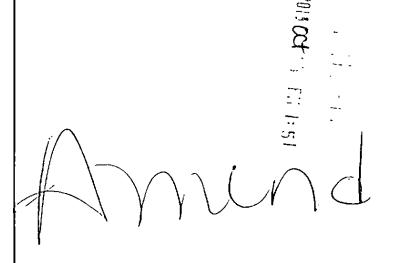
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PICK-UP	☐ WAIT	MAIL
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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COVER LETTER

SUBJECT:	BehaveYou	ir Self, LLC		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		Tona Mason		
		BehaveYour Self, LLC	Name of Person	
		31601 SW 197th Avenue	Firm/Company	
		Homestead, FL 33030	Address	
		tona@behaveyourself.org	City/State and Zip Code	
For further in	nformation c	E-mail address: (oncerning this matter, please ea	to be used for future annual report notifi all:	ication)
Tona Mason			204 072 1742	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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

BehaveYour Self, 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 $\frac{03/30/2018}{2}$ Florida document number L18000081904 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) 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: New Registered Office Address: Enter Florida street address City

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>	Type of Action
MGR	Fleurant Gachelin	31601 SW 197th Avenue Homestead, FL 33030	
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			□ Remove
			Add
			□ Remove
			□ Change
			Remove
			□ Change
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			10/11/2019				
ffective date	e, if other than th	e date of filir	ng:		(op	tional)	
Note: If the da	te is listed, the date matering in this lifective date on the	lock does not	meet the applica	o date of filing or n ble statutory filir	nore than 90 days at ag requirements, t	ter filing.) Pursuant to his date will not be	605.0207 (listed as t
e record sp The 90th o	ecifies a delaye day after the re	ed effective cord is filed	date, but not	an effective	time, at 12:0:	l a.m. on the ea	arlier of:
ated	October 11		2019				
		Syr	a Su a	s Oc			
	···	Signature of a	member or author	ized representative	of a member	-	_

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Typed or printed name of signee

Filing Fee: \$25.00