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	(Business Entity Name)
	(Document Number)
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	Saigh B Name of Limi	en mior LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
		Name of Person	
	Sai	1/2 Be havior LLC Firm/Company	
	3590 Lans	ing Loop # 204	<del></del>
	Estero	FL 33928 City/State and Zip Code	
		Saigh a Gma, 1. con obe used for future annual report notifi	
For further information cor	ncerning this matter, please ca	H:	
ліблібікніскк	Lawen Saigh	at (305) 923 S Area Code Daytime	5157
Name of 1	Person	Area Code Daytime	Telephone Number
Enclosed 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)

MAILING ADDRESS:

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

(Name of the Limited Liability Compa (A Florida Limited )	tny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000176793</u> .	were filed on July 23 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi"	lity 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)		SE   SE
		DOKE TO SEE
		# CT 27
Enter new mailing address, if applicable:		<b>3</b> Rect
(Mailing address MAY BE A POST OFFICE BOX)		2: SAN
		52
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and ;, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	Lauren Saigh	3590 Lansing Loop #209 Estero, Fr 33928	<b>∑</b> Add
		33/28	Remove
			Change
			Remove
			Change
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			☐ Remove
			□ Change

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Filing Fee: \$25.00