119000 142 120

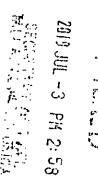
(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600331584806

17 Ext. 10 10 10 10 94 10 10



Y SULKER
JUL 1 5 2019

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Life Behavi	oral Group LLC		
	Name of Limit	ted Liability Company	·
The enclosed Articles of Ar	mendment and fec(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Justin Carver		
		Name of Person	
	Catalyst Tax and Cor	nsulting LLC	
		Firm/Company	
	4911 Lyons Tech Park	:wav	
		Address	
	Cocoput Crook Florida	22072	
	Coconut Creek, Florida	City/State and Zip Code	
	Accounting@Catalyst	taccounting.com	
	E-mail address: (to	o be used for future annual report notifica	ation)
For further information con	cerning this matter, please ca	11:	
Justin Carver		at (954) 348-3969	
Name of Person		Area Code Daytime T	elephone 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:

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

Life Behavioral Group LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appearmited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Con Florida document numberL19000142720	npany were filed on	05/29/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company ho	e <u>re</u> :	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the c	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		
			_
Enter new mailing address, if applicable:		**************************************	
(Mailing address MAY BE A POST OFFICE BOX)			υ
			-0 : 2
			. 13
B. If amending the registered agent and/or register		our records, <u>ente</u>	r the name of the n
registered agent and/or the new registered office addres	ss here:		
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter Flo	rda street address	
		, Florida _	
	City		Zip Code

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
AMGR	WARD, CHRISTOPHER	343 189TH TERRACE SUNNY ISLES, FL 33160	
			Change
AMGR	Hudson Isles, LLC	343 189TH TERRACE SUNNY ISLES, FL 33160	🖾 Add
			☐ Remove
			Change
AMBR	Albert Coccia III	1139 NE 17TH WAY FORT LAUDERDALE, FL 33304	Add
AMBR	Coccia Family Holdings LLC	1139 NE 17TH WAY FORT LAUDERDALE, FL 33304	Change Add
AMBR	VIE CONSULTING SERVICES LLC	901 PROGRESSO DR FORT LAUDERDALE, FL 33304	□ Change ☑ Add
			Remove
			🗆 Add
			□ Remove
			☐ Change

man de la composition della co	information, enter change(s)	·			
					_
					-
					-
					_
 .					=
					_
					_
<u></u>				_	
			711	SE SE	ــ بمريس
			**************************************		_ } {
				<u></u>	- (
				7 . 7	
				25 2	_
				. O	
					_
	<u> </u>				
					
					_
ote: If the date inserte	than the date of filing: the date must be specific and cannot be d in this block does not meet the a te on the Department of State's red	applicable statutory, filing	(optional re than 90 days after filin requirements, this dat) g.) Pursuant to 60 e will not be lis	05.0207 sted as
record specifies The 90th day afte	a delayed effective date, burther the record is filed.	at not an effective ti	me, at 12:01 a.m	. on the ear	lier of
ited	06/25/2019				
	Signature of a member of	or authorized representative	of a member		
	Star	ohen Buron			
	•	r printed name of signee			

Page 3 of 3

Filing Fee: \$25.00