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(Re	equestor's Name)	
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SECRETARY OF STATE
TALL AHASSES, FI

COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		KIDS BEHAVIOR LLC		
SUBJE	ÇI: <u></u>	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		ANGI D GOMEZ ALVA	REZ	
			Name of Person	
			Firm/Company	
		14381 SW 268TH STREE	TSTE 208	
			Address	
		HOMESTEAD, FL 33032		
			City/State and Zip Code	
		angigomez1806@gmail.cor E-mail address: (n to be used for luture annual report notifi	cation)
For furtl	ner information c	oncerning this matter, please ca	all:	
Beverle	y Perez Marrero		305 5049403	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne 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 Addres Registration S		Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2022 JAN 18 PM 2: 21

WORLD'S KIDS BEHAVIOR LLC

SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.) HASSEF, FI

The Articles of Organization for this Limited Liability Company were filed on 08/20/2019 _ _ _ and assigned Florida document number L19000212135 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WORLDS KIDS BEHAVIOR LLC 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 _____, Florida ______ 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 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
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Effective date, if other than the date (If an effective date is listed, the date must be sp. Note: If the date inserted in this block didocument's effective date on the Departre	pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (loss not meet the applicable statutory filing requirements, this date will not be listed as
the record specifies a delayed effective date ord is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated January 13	
Signal	ature of a member or authorized representative of a member
ANGI D GOMEZ ALVAREZ	
	Typed or printed name of signee

Filing Fee: \$25.00