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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

Registration Section Division of Corporations

TO:

| TORRES USUBJECT: | JNIQUE DIAMONDS LLC | | |
|-------------------------------|--|---|--|
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Claudia Cabrera Cabrer | a | |
| | +++ | Name of Person | |
| | Torres Unique Diamond | s LLC | 7 |
| | | Firm/Company | |
| | 6125 W 20th Ave , Apt 1 | 14 | |
| | | Address | |
| | Hialeah, Florida 33012 | | |
| | - | City/State and Zip Code | |
| | claudiacabreracabrera@ | | |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please c | all: | |
| Claudia Cabrera Cabre | | 786 907-2077 at () | |
| Name o | f Person | Area Code Daytin | ie Telephone Number |
| Enclosed 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) | Certificate of Status & Certified Copy |
| Mailing Addres Registration S | | Street Address: Registration Se | |
| Division of Corporations | | Division of Cor | * |
| P.O. Box 632 Tallahassee 4 | | The Centre of T | Laffahassee oe Street Suite 810 |

Tallahassee, FL 32303

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it no (A Florida Limited Liability C | ow appears on our records.) ompany) |
|--|---|
| The Articles of Organization for this Limited Liability Company were file Florida document number <u>L20000039133</u> . | ed on February 03, 2020 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability con | npany here: |
| C & S Behavioral Services LLC | |
| The new name must be distinguishable and contain the words "Limited Liability Compa | |
| Enter new principal offices address, if applicable: | 2023 |
| (Principal office address MUST BE A STREET ADDRESS) | #A T1 |
| Enter new mailing address, if applicable: | TO SEE TO |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> |
| B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: Name of New Registered Agent: | on our records, <u>enter the name of the new register</u> |
| New Registered Office Address: | |
| New Registered Office Address. | Enter Florida street address |
| | Florida |
| City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

TODDEC HAIGHE DIAMONDO ILO

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 |
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| re · | ive date, if other than ective date is listed, the date | e must be specific and is block does not t | d cannot be prior to meet the applicab | date of filing or more | (option than 90 days after fi requirements, this c | ral) ling.) Pursuant to 605.0 late will not be listed |)207 (. I as tl |
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