## LZ0 000131707

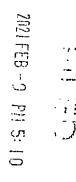
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MAR 3 () 2021

S. YOUNG

## **COVER LETTER**

TO:	Registration S Division of Co		-	N - 1
	Kids Beha	vioral Network, LLC	,	4
SUBJE	ст:	`		
		Name of Lin	nited Liability Company	
<b></b>				
The enc	dosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
		Jenny Coello		
			Name of Person	
		Kids Behavioral Network	LLC	
			Firm/Company	
		103530 Overseas Hwy #1	635	
			Address	<del></del>
		Key Largo, FL, 33037		
		Jencoellobcha@gmail.com	City/State and Zip Code	
		•	to be used for future annual report no	- (C )
15 6 .1			•	outcation)
		concerning this matter, please c		
Jenny C	OCHO.	•	786 333-2975	
	Name o	of Person	at () Area Code Dayti	me Telephone Number
Englace	die o about for d	he following amount:		
			_	
LJ \$25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
	Mailing Address Registration S		<u>Street Address:</u> Registration S	ection
	Division of C		Division of Co	
	D () Doy 622	•	The Control of	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kids Behavioral Network, LLC	2021
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Company were filed on   L20000131707  L20000131707	and assigned
This amendment is submitted to amend the following:	5
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 ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
<del></del>	<del></del>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>
B. If amending the registered agent and/or registered office address on our records, enter the nam agent and/or the new registered office address here:	e of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Enter Florida street address, Florida	Zin Cayla
Enter Florida street address	Zip Code

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>	Name	<u>Address</u>	Type of Action
CEO	Jenny Coello	18304 NW 68 ave Apt M	
		Hialeah, FL, 33015	
			□Remove
		1(M)%	
CFO	Michele Aurignac	18304 NW 68 ave Apt M	
			□Add
		Hialeah, FL, 33015	
		()%	Remove
		····	□Change
			□Add
			□Remove
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		12/05/2020				
ffective date, if other than th	e date of filing:		1 ((1)	(opt	ional)	
an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the L	lock does not me	eet the applica	ble statutory fili	ng requirements, th	is date will not be li	isted as
record specifies a delayed effecti is filed.	ve date, but not a	ın effective tin	ne, at 12:01 a.m.	on the earlier of: (	b) The 90th day af	fter the
02/05/2021 ated		12pm	_ •			
	<u>'</u>			e of a member		

Filing Fee: \$25.00

Typed or printed name of signee