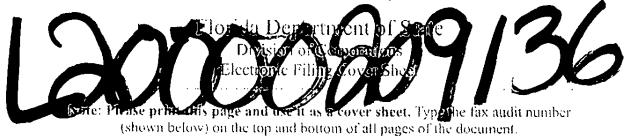
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Division of Corperations



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Division of Corporations

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From: '

Account Name : RELIABLE CONSULTING SERVICES, LLC

Account Number : 120220000017 : (305)896-2248 Fax Number : (785)438-5832

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

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CHRIPCT.		RAPY BEHAVIOR LLC		
SCHOLCT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fec(s) are sub	mitted for filing	
Please return	i all correspo.	ndence concerning this matter	to the following	
		DAIMA GUTTERREZ OC	QUENDO	
			Name of Person	
D&M THERAPY BEHAVIOR LLC Firm/Company 1333 NW 1 AVB Address Homestead, FL 33030 City/State and Zip Code daysen@reliableepagroup.com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call. DAIMA GUTIERREZ OQUENDO at (
				
		1333 NW 1 AVE		
			Address	
		Homestead, FL 33030		
				<u></u>
Ex firther i	nformation e			•••
DAIMA GU		<u> </u>	at ()	ah ana Marahas
	Name of	Person	Area Code Daytime Tele	phone is united
Enclosed is a	a check for th	e following amount.		
≡ \$25.00 i	Filing Fee		Certified Copy	Certificate of Status &
Re Div P.C	gistration S vision of C D. Box 632	Section orporations 7	Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre	tions nassee cet, Suite \$10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&M THERAPY BEHAVIOR LLC			
(Name of the Limited Liability Comp (A Florida Limited)	onny as it now appears on our Lability Company)	r records.}	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L20000209136</u>	y were filed on <u>07/17/202</u>	20	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name</u> of the limited lia	bility company here:		
My First Steps LLC			
The new name must be distinguishable and contain the words "Limited Liab	ulity Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		· · 1	20
		-	罢 []
Enter new mailing address, if applicable:			25
•			Tr.
Mailing address MAY BE A POST OFFICE BOX		63	- 5
			Ė
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	<u>ां।</u> , <u>enter the name o</u>	f the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	rt 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.

p.6

MGR = Manager

UTC

SpanDSP Fax Header

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			□ Change
			□.Add
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