KZ0000317194

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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700357491377

2/12/21

COVER LETTER

| TO: Registration So Division of Co | | | | |
|---------------------------------------|--|---|--|--|
| BEHAVIO | R PAINTING STEPS 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 | ondence concerning this matter | to the following: | | |
| | JUAN J. PEREZ | | | |
| | | Name of Person | | |
| | PEREGONZA THE ATTO | DRNEYS | | |
| | | Firm/Company | | |
| | 1414 NW 107TH AVE, SI | JITE 302 | | |
| | | Address | | |
| | DORAL, FL 33172 | | | |
| | OFFICE@PEREGONZA. | City/State and Zip Code | | |
| | E-mail address: (| to be used for future annual report not | fication) | |
| For further information of | oncerning this matter, please c | all: | | |
| JUAN PEREZ | | 786 650-0202 | i | |
| Nf | £ D | at () | Tala-kana Niverkan | |
| Name d | f Person | Area Code Daytim | e Telephone Number | |
| Enclosed is a check for t | he 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 | | <u>Street Address:</u> Registration Sc | ction | |
| Division of C | | Division of Corporations | | |
| P.O. Box 632 | | The Centre of T | | |
| Tallahassee, | TL 32314 | 2415 N. Monro | e Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BEHAVIOR PAINTING STEPS L | | | |
|--|--|---|-------------------------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited) | iny as it now appears on our reco | irds.) |
| The Articles of Organization for this Limited L. Florida document number <u>L2000031719</u> | iability Company | were filed on 10/15/202 | 20 and assigned |
| his amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name of | f the limited liab | ility company here: | |
| | | | |
| he new name must be distinguishable and contain the v | | lity Company," the designation "LI 102940 OVERSEAS HWY, | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | KEY LARGO, FL 33037 | |
| rincipal vifice address most ble A STREE | <u> I ADDKESS)</u> | | 20 |
| Enter new mailing address, if applicable: | | 15452 SW 118TH TERR. | - Z X X X X X X X X X- |
| Mailing address MAY BE A POST OFFICE | BOX) | MIAMI, FL 33196 | . 7 |
| | | | |
| B. If amending the registered agent and/or i | بمن و ، ، | | |
| If amending the registered agent and/or in agent and/or the new registered office address. | | address on our records, <u>ent</u> | er the name of the new regist |
| Name of New Registered Agent: | PEREGONZA | THE ATTORNEYS, PLLC | |
| New Registered Office Address: | 1414 NW 1071 | TH AVE, SUITE 302 | |
| 115 Registered Office Fragress. | | Enter Florida street addi | ress |
| | DORAL | , 1 | 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 |
|--------------|------------------------|------------------------------|---------------------|
| MGR | ADALBERTO VASQUEZ | 102940 OVERSEAS HWY, SUITE 4 | |
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| | | KEY LARGO, FL 33037 | □Remove |
| | | | URemove |
| | | | □Change |
| MGR | LUIS ALBERTO RODRIGUEZ | 102940 OVERSEAS HWY, SUITE 4 | |
| | | | □Add |
| | | KEY LARGO, FL 33037 | □n |
| | | | □Remove |
| | | | \exists Change |
| MGR | GABRIELA GRILLO | 102940 OVERSEAS HWY, SUITE 4 | _ |
| | | | □ ∧dd |
| | | KEYILARGO;IFL 33037 | 2021 |
| | | | Remove |
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| ective date, if other the | in the date of filing: | | (ontional) |
| n effective date is listed, the date | ate must be specific and cannot be p | rior to date of filing or more th | (optional) an 90 days after filing.) Pursuant to 605.0 uirements, this date will not be listed |
| | the Department of State's reco | | unements, and date will not be listed |
| | • | | |
| cord specifies a delayed et is filed. | ffective date, but not an effective | e time, at 12:01 a.m. on the | e earlier of: (b) The 90th day after t |
| is triva. | | | |
| ted 12-09- | · २०२७, | <i>,</i> | |
| | | | · |
| | Signature of a member or a | uthorized representative of a | member |
| | | | |

Filing Fee: \$25.00