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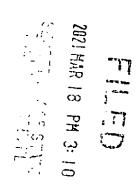
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COVER LETTER

Tallahassee, FL 32314

	tration Section on of Corporatio	ns			
SHRIFCT		BOHAIVION	3 SAVIOR LLC		
50b00011 _					
The enclosed A	articles of Amendr	ment and fee(s) are sub	omitted for filing.		
			•		
		6retch	en Calderón Rum	inez	
			Name of Person		_
			Firm/Company		-
		17120	NW 52 Ave		202
			Address		2021 MAR 1
			φ !		
		behaiviorsa	City/State and Zip Code	<u> </u>	
SUBJECT: Bahaivior Savior LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gretchen Calderin Rumines Name of Person	: -0				
	Oretchen	adderm	at (786) 2162	493	
	Name of Person		Area Code Daytime	Telephone Numbe	1
Enclosed is a cl	heck for the follow	ving amount:			
□ \$25.00 Fili			Certified Copy	Certifica Certified	ite of Status & I Copy
			-	ion	
Divis	ion of Corporat		Division of Corpo	orations	
P.O. '	Box 6327		The Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEHAIVIOR SAVIOR				
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)			
The Articles of Organization for this Limited Liability Company were	e filed on December 022	020 ;	ind ass	igned
Florida document number <u>L2000037706</u> 1	-			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability of	company here:			
BEHAVIOR SAVIOR	LLC			
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the	abbrevia	tion "L.	L.C."
Enter new principal offices address, if applicable:		"	2	
(Principal office address MUST BE A STREET ADDRESS)		:-17.3	<u> </u>	
(Tincipal office dualess MOST BE A STREET ADDRESS)			7.6	
			۶o	U MCM MM
			8)
Enter now mailing address if and the state			סר	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	- ' '	دي	·/
			-0	
D. Te P of				
B. If amending the registered agent and/or registered office addreagent and/or the new registered office address here:	ess on our records, enter the na	me of t	<u>he nev</u>	<u>registerec</u>
Norman CM and Davids and America				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida _			
(Tity	Zu	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
AMBR	Gretchen Colderon Rum	17.63	□ Add
		17120 NW 52 ave	Remove
		Miami FC 33055	Change
AP	Gretchen Calderon Ruminez	17170 NW 52 ave	□Add
	_	Miami, FL 330SS	Remove
		·	⊡Change' -
			DAdd ¹
		7 ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Remove
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record : I is filed	specifies a L	delayed e	ffective dat	e, but not	an effecti	ve time,	at 12;01 :	a.m. on th	ie earlier	of: (b)	The 901	th day af	fter the
ated	2/	27/	202	ture of a n				/					
			Signs	ture of a n	nember or	aulivrize	l gepresen	native of a	member				

Filing Fee: \$25.00