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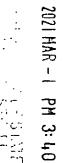
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COVER LETTER

то:	Registration Se Division of Cor		es.	•	
		ILING BEHAVIORS LLC			
SUBJE	.C.1:	Name of Lin	ited Liability Company		
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	return all correspo	ondence concerning this matter	to the following:		
		G1.	ADYS ALVAREZ		
			Name of Person		
		AGCN SI	MILING BEHAVIORS LLC		
			Firm Company		
		10	352 SW 242 ST APT 203		
			Address		
			CUTLER BAY, FL 33189		
			City State and Zip Code		
			gła.alv075@gmail.com		
		E-mail address: (to be used for future annual report no	tification)	
For furt	ther information c	oncerning this matter, please c	alt:		
	GLADYS	ALVAREZ	786 690-2298		
	Name o	f Person		ne Telephone Number	
Enclose	ed is a check for th	he following amount:			
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sol.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)	
	Mailing Address Registration 9		Street Address: Registration S	ection	
	Division of C	lorporations	Division of Co	orporations	
	P.O. Box 632		The Centre of		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGCN SMILING BEHAVIORS	STLLC			
(Name of the Limited Liability Compa (A Florida Limited I	my as it now appears on our recor Liability Company)	<u>'ds.</u>)		
The Articles of Organization for this Limited Liability Company	were filed on 01/27/2021		_ and ass	igned
Florida document number 1.21000050773				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	.C" or the abbrev	riation "L	L.C."
Enter new principal offices address, if applicable:			2	
Principal office address MUST BE A STREET ADDRESS)		·		
			MAR	1.
			-	
Inter new mailing address, if applicable:		• -	P	
Mailing address MAY BE A POST OFFICE BOX)			က်	
			10	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name o	f the nev	v register
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street addr	CNA		
		lorida	Zip Code	
	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.

H Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = -Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GLADYS ALVAREZ	10352 SW 212 ST APT 203	□Add
		CUTLER BAY, FL 33189	□Remove
			■ Change
			□Add
			□Remove
			2027 GChange HAR CLAdd
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ective date, if other than the date of filing:	more than 90 days after filing) E) Pursuant to 605.0
te: If the date inserted in this block does not meet the applicable statutory filtument's effective date on the Department of State's records.	ing requirements, this date	will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m s filed.	i, on the earlier of: (b) TI	ie 90th day after t
red February 23		
V AIM		

Filing Fee: \$25.00

Typed or printed name of signee