T3/000/08030

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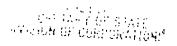
TO:	Registration Se Division of Cor		r.	
	JC BEHAV	TOR SERVICES LLC		
SUBJI	ЕСТ:		· · · · · · · · · · · · · · · · · · ·	
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JUDITH AGUILAR		
		 	Name of Person	
			Firm/Company	
		3561 ALTIS CIRCLE N U	NIT 2-303	
		HIALEAH, FL 33018	Address	
		HELLO@JUDITHRIOS.C	City/State and Zip Code OM	
		E-mail address: (to be used for future annual report no	itification)
For fur	ther information c	oncerning this matter, please c	all:	
	'H AGUILAR	J ,	786 538 8323	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclos	ed is a check for th	ne following amount:		
≡ \$ 2	5.00 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		Street Address:	.•
	Registration S Division of C		Registration S Division of Co	
	P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JC BEHAVIOR SERVICES LLC

21 MAR 22 AH 11: 22

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number __L21000108070 This amendment is submitted to amend the following: 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 abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

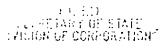
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

City

_, Florida <u>___</u>

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> AMBR	<u>Name</u> ALFREDO RIOS	Address 21 HAR 22 AH []: 2 3561 ALTIS CIRCLE N UNIT 2-303	Type of Action
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ffective date is listed, the date mu 1 If the date inserted in this b	e date of filing: st be specific and cannot be prior to date of filock does not meet the applicable statute		
nent's effective date on the D	Department of State's records.		
ord specifies a delayed effectivited.	ve date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90	th day after
03/14/2021	3pm		
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	/ Intan		
	Signature of a member or authorized repre-		