L21000 137232

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COVER LETTER

TO: Registration Se Division of Cor					
. Beha	vior Gains, LL(C			
SUBJECT.		ited Liability Company			
The made and Social conf	Annual design of the second se	unio de Carellia d			
The enclosed Afficies of	Amendment and fee(s) are sub	nutted for tiling.			
Please return all correspo	ondence concerning this matter	to the following:			
		Name of Person			
	Behavior Gains LLC				
		Firm/Company			
	7901 4th Street N, STE 300				
		Address			
	St Petersbur	g, FL 33702			
		City/State and Zip Code			
	jscardino@ behav	iorgains.com to be used for future annual report not	vivetion)		
For further information c	oncerning this matter, please o	·	incacon)		
Jessica Sca		, 757 _, 37569	940		
Name of Person		at () Area Code Daytime Telephone Number			
		·			
Enclosed is a check for the	ne 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)		
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ection		
Division of C	orporations	Division of Co	rporations		
P.O. Box 632		The Centre of	Tallahassee be Street, Suite 810		
Tallahassee, l	EL ひよび1★	ZHID IN, IVIORIC	ic precendune of 0		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FII ED

2021 SEP 21 AM 5: 43

Behavior Gains, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records (ALLAHASSEE, FLC)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited		were filed on 03/2	23/21	and assigned
Florida document number <u>L21000137232</u>	·			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liah	ility company hero	<u>:</u>	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if apple	icable:	N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	ess here:			
		City	Florida _	Zip Code
New Registered Agent's Signature, if changing	Registered Agents	City		Zip Code
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete gistered agent as p registered office	performance of m provided for in Cha	y duties, and I an apter 605, F.S. O	familiar with and r, if this document is
	If Char	ging Registered Agent	t, Signature of New F	tegistered 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>	Name	Address	Type of Action
CEO	Jessica Scardino	7901 4th Street N, STE 30	O ZAdd
		St Petersburg, FL 33702	
			□Change
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