Jorida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103

Phone

: (786)615-3057

Fax Number : (786)615-3058

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TEACHING THE BEST BEHAVIOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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

TEACHING THE BEST BEHAVIOR LLC		†			
(Name of the Limited Liah (A Flori	ility Company as it no	mappears on our records.)	· · ·	_	
Non XV	da Cimileo Liantinty Co	արարy) 			
The Articles of Organization for this Limited Liability	Company were filed	on <u>05/21/2021</u>	and	assign	ed
Florida document number £21000241463	 -				
This amendment is submitted to amend the following:					
A. If amonding name, enter the new name of the lin	nited liability comp	pany here:			
The new name must be distinguishable and contain the words "Li	mited Liability Compan	y," the designation "LLC" o	r the abbreviation	"1.J.,C.	
Enter new principal offices address, if applicable:			= 1		
(Principal office address MUST BE A STREET ADD	(RESS)			13	
			i in	<u>{=</u>	
				(O	٠
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			; ;		· ·
			33.	Ç)	<u> </u>
			· ·	Po	
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		our records, <u>enter th</u>	e name of the	new re	gistered
New Registered Office Address:	£	njer Florida street address			
		, Flori	da		
	City	, , , , , , , , , , , , , , , , , , , ,	Zip Co	rdr	
New Registered Agent's Signature, if changing Register	ed Agent:				
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performa ugent as provided f cd office address.	nce of my duties, and or in Chapter 605, F.S	I am familiar S. Or, if this d	with ar ocumer	nd
	If Changing Regist	ered Agent, Signature of N	cw Registered A	gent	-

If amending Authorized Person(s) authorized to manage,	enter the tit	c, name, and	address of ea	ach person	being added
or removed from our records:					

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ANA MARILY URREA LOPEZ	2401 NW 10TH AVE	□Add
		APT 203	□Remove
		MIAMI FL 33127	≅Change
AMBR	GENARO N. CACERES	2401 NW 10TH AVE	□Add
		APT 203	□Remove
		MIAMI FL 33127	\ Change
			□Add
			□Remove
			□ Chang e
			□Add
			□Remove
			Change
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			Change
	·····		□ Add
			□Remove
			☐Change

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Effective date, if other than the d fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	e specific and cannot be prior to do k does not meet the applicable	te of films or more than 90 dus	(optional) is after filing.) Pursus ts, this date will no	int to 605.020 of be listed a
record specifies a delayed effective dis filed.	date, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th	day after the
Dated	2021			
gra und	O Joseph a plember or authorize	d representative of a member		

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