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SECRETARY OF STATE

O SIMMONS
DEC 07 2021

COVER LETTER

TO:

TO: Registration So Division of Cor			
	ids Development LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yenneis Martinez		
	-	Name of Person	
	Behavior Kids Developme	ent LLC	
		Firm/Company	
	14656 SW 21st ST		
		Address	
	Miami Florida 33175		
		City/State and Zip Code	
	yenneis_11@yahoo.com		· · · · · · · · · · · · · · · · · · ·
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	incation)
Yenneis Martinez		786 630-0341	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
Mailing Address		<u>Street Address:</u> Registration Se	ection
Registration S Division of C		Division of Corporations	
P.O. Box 632	27	The Centre of	
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED **OF**

2021 NOV 17 AM 7: 14

Behavior Kids Development LLC

(Name of the Limited Liability Company as it now appears to our records.) OF STATE
(A Florida Limited Liability Company) IALLARASSEE, FI

The Articles of Organization for this Limited Liability (Company were filed on www.	and assigned
Florida document number L21000371275		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD		#1;-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	.	
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		ds, <u>enter the name of the new regis</u>
<u>Name of New Registered Agent:</u>		
agent and/or the new registered office address here:		
<u>Name of New Registered Agent:</u>	Enter Florida si	reet address
<u>Name of New Registered Agent:</u>	Enter Florida si	
<u>Name of New Registered Agent:</u>	Enter Florida si City	reet address

If Changing Registered Agent, Signature of New Registered 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>	<u>Name</u>	Address	Type of Action
AMBR	Yenneis Martinez	14656 SW 21st ST Miami Fl 33175	
			□Remove
		 	□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Change
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lf an ef: Note:	ive date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	November 1 2021 Calculation of the control of the c
	Signature of a member of a tuthorized representative of a member

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Filing Fee: \$25.00