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11-12-21 1.A.S. SECOLIBRATE STANKE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: YANET Behavioral Services, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
YAMET FOBORS GIED Name of Person
Yanet Behavioral Services, LLC Firm/Company
11921 SW 125Th PL Address
Miani FL 33186 City/State and Zip Code
Hanel. Fabors 30 a GHall. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
YaneT Fabars Giro at (502) 294 - 3750 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\subseteq\$ \$\ \text{Solo Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\subseteq\$ \$\ \text{Solo Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\}

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anet Behaulore (Name of the Limited Liability Comp. (A Florida Limited	Oany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on 10 05 2021 and assigned
Florida document number <u>L21000435473</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	bility 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 agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florido
	, Florida 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.

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
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reflective date is lis	ted, the date must be serted in this bloc	se specific and cann ik does not meet t	ot be prior to dat the applicable :	e of filing or mor statutory filing	e than 90 days at requirements, t	ter filing.) Pursuant to 605.03 his date will not be listed
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		date, but not an e	ffective time, a	it 12:01 a.m. or	the earlier of:	(b) The 90th day after t
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Filing Fee: \$25.00