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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

FILED

CCC Behavior	Service 1	2022 HAR 21	AM 9: 52
(Name of the Limited Liability Compa (A Florida Limited	any as it now appear Liability Company)	s on our records.) SECRETARY	OF STATE
		IALLAGE	SSEE, FL
The Articles of Organization for this Limited Liability Company	/ were filed on	2 11 600	and assigned
Florida document number <u>L 22 0000 94843</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the d	esignation "LLC" or the at	breviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
(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:	address on our r	ecords, <u>enter the nan</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		. Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1		

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 Type of Action **Title** Name Address 29845 SW 144+4c+ 15/Add Vistoria Mosquera MGR Hongstead FL 33033 _____ □ Change \square Add _____ □Change _____ □Change _____ □Change _____ □Add __ ___ □Change □Add □Remove

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