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(Requestor's Name)	
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(Document Number)	
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A. BUTLER MAY 3 1 2022

COVER LETTER

•			
TO: Registration Se.	porations		
SUBJECT:	New Horiza	on Behaviors Serviced Liability Company	wees
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<i>D</i>	ianne Afonso Name of Person	
			· Senuevo
		W Horizon Behauiors Firm/Company	
	13185W7	rafalgar Pewy	
	waf	Coral FL, 3399/ City/State and Zip Code Codianne 81@ yahov.	
	al fons E-mail address: (to dianne 81@ yahov.	aom fication)
For further information c	oncerning this matter, please ca	all:	
Djanne	Alfonso	at (786) 862 - Area Code Daytime	8178
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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: Registration Section Division of Corporations P.O. Box 6327 Tollabaccas El 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monnoo Chroat Cuit S 210

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

lam lam

		O DEDUNINAD AM ONDE
New F	Horizon Behawar	Services Co
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	Service AN & 05 TALLAHASSEE, FL
e Articles of Organization for this Limited Liab		
rida document number <u>L 22000 1 41</u>		
is amendment is submitted to amend the follow	ring:	
If amending name, enter the new name of the	he limited liability company ho	ere:
New Horizon Repo	mino Serviced	LLC
ne new name must be distinguishable and contain the word	ds "Limited Liability Company," the d	lesignation "LLC" or the abbreviation "L.L.C.
nter new principal offices address, if applicab	ile: /3/8 Su	be Coral FL, 33991
Principal office address MUST BE A STREET	ADDRESS) Cay	be Coral FL, 33991
nter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
If amending the registered agent and/or reg	gistered office address on our r	ecords, enter the name of the new ro
gent and/or the new registered office address		
	Diagne AL	baso
Name of New Registered Agent:		of class Out and
		ifaigar Pilwy
New Registered Office Address:	1318 JW 770	
New Registered Office Address:	Enter Flo	orida street address
New Registered Office Address:	13/8 SW THE Enter Flo Cape Coral	Florida FL 339 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 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'=M $AMBR=A$	lanager .uthorized Member		
Title	Name	Address	Type of Action
MGR	Dianne Alfonso	1318 Sw trafalgar Phwy Cape Coral FL, 33991	WAdd
			□Remove
			□Change
AHBR	Dianne Alfonso	13188W trafalgar Phuy Cafe Corol Fl, 33991	(NAdd
			□Remove
			□Change
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			[] Change
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in	the e	extifu	iall a	, the	auth	onze	ed po	uson.
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	w.							
			<u> </u>					
	date inserted i	date must be spe	ecific and cannotes not meet th	t be prior to da e applicable		e than 90 day		Pursuant to 605.020 will not be listed a
ote: If the	circuite date (
ocument's		effective date,	but not an eff	ective time, a	ut 12:01 a.m. or	the carlier	of: (b) Th	290th day after the
Tote: If the occument's record spectage is filed.			but not an eff	ective time, a	at 12:01 a.m. or	the earlier	of: (b) Th	: 90th day after the



RECEIVED

2022 MAY 23 PH I2: 06

SECRETATION OF TARE

May 9, 2022

DIANNE ALFONSO 1318 SW TRAFALGAR PKWY CAPE CORAL, FL 33991

SUBJECT: NEW HORIZON BEHAVIOR SERVICES LLC

Ref. Number: L22000141739

We have received your document for NEW HORIZON BEHAVIOR SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 422A00010604

Anissa Butler Regulatory Specialist II