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PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Trust Behavior, 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:
Kristen Stadelnik Name of Person
Name of Person
Trust Behavior, LCC Firm/Company
·
4398 Pincushion St
Address
North Port, FL 34286
North Port, FL 34286 City/State and Zip Code Kristen @ trust behavior. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Stadolnik at (508) 298-9480 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

...

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

	U	r	į ÷	
Trust Beha	Liability Compa	ny as it now appo	200 ars on our records.)	: 2g
The Articles of Organization for this Limited Lia Florida document number	bility Company 3834	were filed on _	1/5/23	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the <u>limited liab</u>	ility company	<u>here</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liabil	lity Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ble:	4398	Pincushion Port, FL	St
(Principal office address MUST BE A STREET	ADDRESS)	North	Port, FL	34286
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	4398 North	Pincoshion Port, Fo	St C 34286
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our	records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Krist	en Sto	<u>idolnik</u>	
New Registered Office Address:	4398	Pincush Enter Fl	oridu street address	
	North	Port	, Florida	34386

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kristen Stadolnik	4398 Pincushion St	[]Add
		North Port, FL 34286	□Remove
			A Change
AP	Mark Stadolnik	4398 Pincushion St	□Add
		Noith Port, FL 34286	_ □Remove
			_ ∱ Change
			_ 🗆 Add
			_ Remove
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ective date, if other than the date of filing: Worth Port	ective date, if other than the date of filing: Worth Port	-all	person &	7,716	details	remai	n the	
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