

L23000048182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

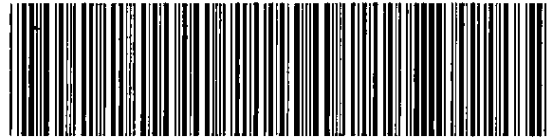
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Income tax form
W24000063381
Rec. June 12, 2024

Office Use Only



900426795649

04/02/24--01020--010 **35.00

FILED
2024 JUL 12 AM 8:46

AB

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADT BEHAVIOR 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:

MARIUSKA BRITO
Name of Person

BRITO TAX AND ACCOUNTING CORP
Firm/Company

1695 NW 110TH AVE, STE 214
Address

MIAMI, FL 33172
City/State and Zip Code

BRITOTAXCORP@GMAIL.COM
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIUSKA BRITO at (786) 354-7694
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:
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**

ADT BEHAVIOR SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED

2024 JUL 12 AM 8:46

The Articles of Organization for this Limited Liability Company were filed on 01/25/2023 and assigned
Florida document number L23000048182

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOME SWEET HOME BY ADDIS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

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 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>	<u>Address</u>	<u>Type of Action</u>
P	ADDIS TARRERO MENDOZA	13228 SW 271 Terr, Homestead, FL 33032	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADDIS TARRERO MENDOZA	13228 SW 271 Terr, Homestead, FL 33032	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2024

MARJUSKA BITO
1695 NW 110TH AVE
STE 214
MIAMI, FL 33172

SUBJECT: ADT BEHAVIOR SERVICES LLC
Ref. Number: L23000048182

We have received your document for ADT BEHAVIOR SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 824A00008729