Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TPBS CORP Account Number : I20190000112 Phone : (786)389-2779 Fax Number : (305)356-3688

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ... THE EXCELLENCE OF GOOD BEHAVIOR LLC

Certificate of Status	0
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02/24/23 07:47AM PST TPBS Corp -> Florida Department of Stat 18506176383 Pg 3/5

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or registered office address on our records, enter the na agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	me of the pew	TO A TOP OF THE PROPERTY OF TH
Name of New Registered Agent:  New Registered Office Address:	023 FEB 214 P	
Name of New Registered Agent:	023 FEB	
agent and/or the new registered office address here:	023 FEB	<u> </u>
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	me of the new	
	me of the new	
		registered
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
<del></del>		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.l	L.C.''
EXCELLENCE OF GOOD BEHAVIOR LLC	<del></del>	<u>.</u>
A. If amending name, enter the new name of the limited liability company here:		
This amendment is submitted to amend the following:		
···		
Florida document number L23000084105	and ass.	igned
The Articles of Organization for this Limited Liability Company were filed on 02/22/2023	and ass.	ioned
02/22/2022		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		

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.

II Changir	ng Registere	d Agent, S	signature o	1 New	Registered A	gent

02/24/23 07:47AM PST TPBS Corp -> Florida Department of Stat 18506176383 Pg 4/5 H230000723893

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>	Name	Address	Type of Action
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			□Remove
			□Change
	<del></del>		□Add
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			□ Change

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Note:	tive date, if other than the date of filing:
ne recor ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the illed.
Dated	
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00