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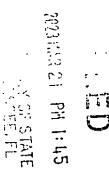
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

PEACE OF MIND BEHAVIOR LLC SUBJECT: 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: Ailyn Morales Name of Person PEACE OF MIND BEHAVIOR LLC Firm/Company 20101 DOTHAN RD Address CUTLER BAY, FL 33189 City/State and Zip Code amoralesvanes@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ailyn Morales 786 468-3595 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ≘ \$25,00 Filing Fee □ \$30,00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## PEACE OF MIND BEHAVIOR LLC

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

(A Florida Limit	ed Liability Company)		
The Articles of Organization for this Limited Liability Compa ${\rm Florida}$ document number ${\rm L}23000107804$ .	any were filed on and assigned and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	10379 SW 186 ST, CUTLER BAY, FL, 33157		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	10379 SW 186 ST, CUTLER BAY, FL, 33157		
(Mailing address MAY BE A POST OFFICE BOX)			
agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered		
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	Enter Florida street address Coc. P. Florida		
New Registered Agent's Signature, if changing Registered Age	City Ap Code		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ailyn Morales	20101 DOTHAN RD, CUTLER BAY, FL. 33189	<b>=</b> Add
			□Remove
			□Change
MGR	Ailyn Morales Yanes	20101 DOTHAN RD, CUTLER BAY, FL, 33189	□Add
			<b>≣</b> Remove
			□Change
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Typed or printed name of signee