## L2300011172/



(Re	equestor's Name)	
(Ác	ldress)	-
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(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	<del> </del>
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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10,/25,/24--01017--002 ++25.00

## **COVER LETTER**

TO: Registration Division of C	. Section Corporations		
etin icor.		RY LASHES LLC	
SUBJECT:		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre.	spondence concerning this matter	to the following:	
		Gretter Suarez Boentes	
	<del>-</del>	Name of Person	
		Firm/Company	
		362 Lake Atbor Dr	
		Address	
	P	ALM SPRING, FL 33461	
		City/State and Zip Code	
		gretter.suarez@yahoo.com to be used for future annual report	
For further information	n concerning this matter, please c	-	notification)
Gretter	Suarez Boentes	305	439-3715
Name of Person		at () Area Code Da	ytime Telephone Number
Enclosed is a check fo	r 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

GS LUXURY LAS	SHES LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records ability Company)	.)
he Articles of Organization for this Limited Liability Company v	vere filed on03/02/2023	and assigned
lorida document numberL23000111721		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	ity company here:	
Jade Growth Behavioral Services LLC		
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	N/A	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	N/A	
		··
. If amending the registered agent and/or registered office ac	ldress on our records, enter t	he name of the new regis
gent and/or the new registered office address here:	· <del></del>	
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
New Neglottled Office / Iddiess.	Enter Florida street address	
	. Flor	rida
<del></del>	Cuy	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>	Address	Type of Action
	N/A	N/A	□Add
			□Remove
			[] Change
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effective of e: If the	ate, if other than date is listed, the dat date inserted in the effective date on t	te must be specific a nis block does not	ind cannot be pric t meet the appli	or to date of filing o leable statutory fi	r more than 90 days	optional) after tiling.) Pursuant s, this date will not b	to 605.02 be listed
cord spec filed.	ifics a delayed eff	ective date, but n	ot an effective	time, at 12:01 a.r	n, on the earlier (	of: (b) The 90th da	ıy after t
ed	October 21		2024	·			
		Se Se					
		<u> </u>	~~~ <b>X</b> / /				
_		Signature of	a member or auti	horized representat	ive of a member		

Filing Fee: \$25.00