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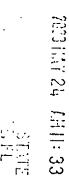
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

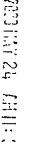
Office Use Only



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05/24/23--01006--010 **25.00





COVER LETTER

TO:

Registration Section
Division of Corporations

	Behavior Therapy LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
	Mailyn Garcia		
		Name of Person	
	New Life Behavior Thera	py LLC	
		Firm/Company	
	27774 sw 133rd Path		
		Address	
	Homestead, Fl 33032		
		City/State and Zip Code	
	mailyn044@gmail.com		<u>.</u> ن
		to be used for future annual report notification)	
For further information	concerning this matter, please of	rall:	7. 7.
Mailyn Garcia		786 379-2883	. 4.
Name	of Person	Area Code Daytime Telephone	Number Rid 33
Enclosed is a check for	the following amount:		mi ω
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S	ee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW LIFE BEHAI	VIOR THERAPY LL	C	
(Name of the Limited Liabili (A Florida	ity Company as it now app a Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Constitution of Control of Contr	Company were filed on	04/14/2023	and assigned
A. If amending name, enter the new name of the limit	ited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	e designation "LLC" or the ab	breviation-JL.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		72
			교장 불 그
Enter new mailing address, if applicable:	 		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			e of the new registered
	Enter Fi	lorida street address	
	Citr	Florida	Zıp Code
New Registered Agent's Signature, if changing Registered	•		ир сове
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this complete performance of tent as provided for in	of my duties, and I am fo Chapter 605, F.S. Or, i	amiliar with and if this document is
	If Changing Registered A	Agent, Signature of New Reg	istered 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>	Name	<u>Address</u>	Type of Action
AMBR	Mailyn Garcia	27774 sw 133rd Path Homestead. Fl 33032	
			©Remove
			□ Change
			□Remove
			©Change
			Remove
			☐Remove
····			□Add
			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			©Change
			
			⊈Remove
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fective date, if other than to a effective date is listed, the date in this cument's effective date on the	Department of State's rec	ppiicable statutory fi ords.	ling requirements, this	date will not be listed :
ecord specifies a delayed effect is filed.	tive date, but not an effecti	ive time, at 12:01 a.r	n. on the earlier of: (b) The 90th day after th
ted May 16	2023			; <u>5</u>
				2023 ETY 24
	Signature of a member or	authorized representati	ive of a member	1,24
Mailyn Garcia	Signature of a member or	authorized representati	ive of a member	124 AIIII: 33

Filing Fee: \$25.00