L23000200150

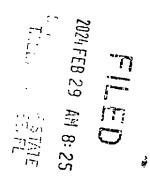
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corpo			
subject: <u>Outre</u>	ach Behaujor Name of Limi	Support ted Liability Company	
	mendment and fee(s) are subr	-	
	Zachary Ho	Name of Person	
	Outreach Be	haviot Support Firm/Company	
	4935 Makenn	a Circle Address	
	Pace, Florida	City/State and Zip Code	
	E-mail address; (t	o be used for future annual report not	ification)
For further information con	cerning this matter, please ca	dl:	
Zachary Ho Name of P	wze	at (<u>850</u>) <u>227</u> - Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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**

FILES

<u>Outreach Behavior</u>	Support 2001 con
(<u>Name of the Limited Liability (</u> (A Florida Li	Ompany as it now appears on our records FEB 29 AF 8: 25 mitted Liability Company)
	LL LOUI YELLING CONTE
The Articles of Organization for this Limited Liability Com	ipany were filed on 4/24/2013 and assigned
Florida document number <u>L23 000 200150</u> .	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
NIA	
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:	NA
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registere
Name of New Registered Agent: NA	
New Registered Office Address: N A	·
	Enter Florida street address
	, Florida

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
CEO	Adriana Howze	4935 Makenna Circle	MAdd
-		Pace, FL 32571	□Remove
			□Change
<u>CFO</u>	Zachary Howze	4935 Makenna Circle	□Add
	·	Pace, FL 32571	□Remove
		 	WChange
		.	□Add
			□Remove
			□Change
			□Add
			□Remove
		····	□ Change
			□Remove
			□Change
			□Add
			□Remove
			□ Chaman

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe	ve date, if other than the date of filing:
ocum	ent's effective date on the Department of State's records.
record l is fil	d 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 ed.
ated	February 22, 2024. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Zach Howze Typed or printed name of signee
	Lach Howze

Filing Fee: \$25.00



February 15, 2024

ZACHARY HOWZE 4935 MAKENA CIRCLE PACE, FL 32571

SUBJECT: OUTREACH BEHAVIOR SUPPORT LLC

Ref. Number: L23000200150

We have received your document for OUTREACH BEHAVIOR SUPPORT LLC and your check(s) totaling \$43.75. 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: 624A00003357

(2°) X