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COVER LETTER

TO: Registration Section Division of Corporations

Mailing Address:

P.O. Box 6327

Registration Section
Division of Corporations

SUBJECT: Ybe	.los Behavie	or LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Juliet	Bello Name of Person	
	Y Bellos	Behavior LLC	
	2608 W	68th St Address	
	Hialeah, I	F 330 6 City/State and Zip Code	
	gulietbells E-mail address: (780 Jahno · Conto be used for Juture annual report notif	ication)
For further information co	oncerning this matter, please co	all:	
Juliet Bel Name of	Person	at (<u>941</u>) <u>518-5</u> Area Code Daytime	062 e Telephone Number
Enclosed is a check for th	e 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)

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 E27 30 PH 5: 42

VROllas Bolavias	110		:
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears o Liability Company)	n our records.)	TipL:
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	05/22/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	gnation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		- -	
Enduing dates MAT BE AT OST OF FICE BOAT			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
	City	, Flori d	a Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·		·
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Cha	v duties, and 1 upter 605, F.S.	am familiar with and Or, if this document is

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>	Name	Address	Type of Action
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ffect	ive date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocum	nent's effective date on the Department of State's records.
recor	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
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	11/27/22
ated	11/27/23
	Bollo
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00