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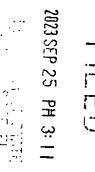
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

SUBJECT:	QUALITY	BEHAVIOR SOLUTIONS LI	C	
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		David De La Osa		
			Name of Person	
		QUALITY BEHAVIOR S	OLUTIONS LLC	
			Firm/Company	
		251 E 54TH ST		Daytime Telephone Number 2 \$60.00 Filing Fee. Certificate of Status &
		•	Address	
		HIALEAH, FL 33013	•	
		· - · - · - · - · · - · · - · · - · · - · · - · · - · · - ·	City/State and Zip Code	
		daviddelaosa317@gmail.co		
		E-mail address: (t	o be used for future annual report noti	ification)
For further in	iformation co	oncerning this matter, please ca	ill:	
David De La Osa			786 343-1526 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

p <mark>any as it now appears on our r</mark> I Liability Company)	ecords.)		
ny were filed on 09/11/2023		and assigned	
bility company here:			
bility Company," the designation	"LLC" or the abb	reviation "L.L.C."	
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e address on our records, g	enter the name	oT the new registe	
<u> </u>			
Enter Florida street	address		
City	, r lorīda	Zip Code	
	ability company here: bility Company." the designation e address on our records, g	e address on our records, enter the name Enter Florida street address , Florida	

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 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>	<u>Address</u>	Type of Action
AMBR	David De La Osa	251 E 54th St, Hialeah FL 33013	
			□Remove
			≡ Change
			□Add
			Remove
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Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this bloddocument's effective date on the De	be specific and cannot be princt does not meet the appl	icable statutory filing re		
record specifies a delayed effective d is filed.	edate, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th d	ay after the
September 18 Dated	2023			
Dated		·		
	Signature of a intember or au			
	Signattire of a intemper or au	monzea representative of	a member	