(Requestor's Name)	
(Requestors Pame)	
(Address)	{
(Address)	500420008645
, ,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	12. IP 31.512514 (** 25.55)
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Opecial instructions to tilling Officer.	
	7.7.5.7.E
	1

Office Use Only

COVER LETTER

TO: Registration So Division of Cor			
Y & H Beh			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yamilet Oliver Rivero		
		Name of Person	
	Y & H Behabior LLC		
		Firm/Company	
	190 Verdum Ave		
		Address	
	Lehigh Acres, FL 33974		
		City/State and Zip Code	
	yamiletoliver28@gmail.co		
		to be used for future annual report note	neation)
For further information c	concerning this matter, please co		
Yamilet Oliver Rivero		786 487-6696 at ()	
Name c	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Company as it now ap (A Florida Limited Liability Compar	pears on our records.)
The Articles of Organization for this Limited I Florida document number L23000512937		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREA	ET ADDRESS)	
		77
Enter new mailing address, if applicable:		
Mailing address MAY BE A P <u>OST OFFICE</u>		
Muning undress MAT DE ATOST OFFICE	<u></u>	
	. <u></u>	(3
B. If amending the registered agent and/or agent and/or the new registered office addre		ir records, <u>enter the name of thੂਰੋ new registere</u> d
Name of New Registered Agent:	Yamilet Oliver Rivero	
New Registered Office Address:	190 Verdun Ave	
	Enter	Florida street address
	Lehigh Acres	Florida 33974
	City	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 Agents 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
MGR.	Yamilet Oliver Rivero		□Add
			□Remove
		190 Verdun Ave, Lehigh acres, FL 33974	@ Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			🖸 Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change

 -	
	
	
_	
(If an effective date is listed, the date must	date of filing:
he record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated December 27	. 2023
	Signature of a member or authorized representative of a member
	Yamilet Oliver Rivero
	Typed or printed name of signee

Filing Fee: \$25.00