L24000206821

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



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COVER LETTER

| Div | ision of Corp | orations | | |
|----------------|-----------------|--|---|---|
| SUBJECT: | | O BEHAVIOR SOLUTION | LLC | |
| | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | l Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspon | ndence concerning this matter | to the following: | |
| | | LAURA PILOTO GONZA | ALEZ | |
| | | | Name of Person | |
| | | LAU PILOTO BEHAVIO | R SOLUTIONLLC | |
| | | | Firm/Company | |
| | | 14255 SW 152ND TER | | |
| | | | Address | |
| | | MIAMI, FLORIDA 33177 | | |
| | | · | City/State and Zip Code | |
| | | LAURAPILOTO123@GM. | | |
| | | E-mail address: (| to be used for future annual report notific | ation) |
| For further is | nformation co | ncerning this matter, please ca | all: | |
| YANURKY | MIGUELES | | 510 205-7001 at () Area Code Daytime * | |
| | Name of | Person | Area Code Daytime | Felephone Number |
| Enclosed is a | a check for the | e following amount: | | |
| ■ \$25.00 H | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

. . . .

TO:

Registration Section

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

LAU PILOTO BEHAVIOR SOLUTION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/02/2024}{1}$ and assigned Florida document number L24000206821 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: LAURA PILOTO GONZALEZ Name of New Registered Agent: New Registered Office Address: Enter Florida street address _ Florida ___ Cirv

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 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> | <u>Name</u> | Address | Type of Action |
|---------------------------------------|-----------------------|---------------------------------------|----------------|
| AMBR | LAURA GONZALEZ | 14255 SW 152ND TER | □ Add |
| | | MIAMI, FL 33177 | ≣Remove |
| | | | □Change |
| AMBR | LAURA PILOTO GONZALEZ | 14255 SW 152ND TER | ■Add |
| | | MIAMI, FL 33177 | □Remove |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | □Add |
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| Effective date, if other than the date of filing: (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Active: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. Precord 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 dis filed. Signature of a member or authorized representative of a member. | <u></u> | | | · · · · · · · · · · · · · · · · · · · | - |
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| Signature of a member or authorized representative of a member | ated MAY 14 | 2024 | · | | |
| Signature of a member or authorized representative of a member | | Raw | | | |
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Filing Fee: \$25.00