

L24000212511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

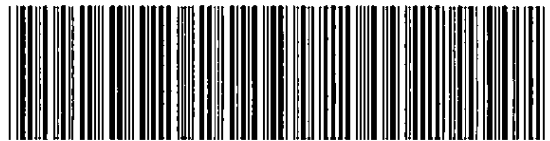
(Business Entity Name)

(Document Number)

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05/28/24--01006--024 \*\*25.00

R. HUNT

03/18/24

**May 16th, 2024**

**TO: Registration Section Division of Corporations**

**FROM: NIURYS RODRIGUEZ**

NAS BEHAVIOR SOLUTIONS LLC

Due to a typo mistake I am doing this amendment.

New name of limited liability company: NAS BEHAVIOR SOLUTIONS LLC

Daytime telephone: 847-363-5320

Address: 6800 SW 43RD CT DAVIE, FL 33314

Sincerely thank you, Niurys Rodriguez.

A handwritten signature in black ink, appearing to be 'NR' followed by a stylized flourish.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NAS BEHAVIOR SOLUTIONS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NIURYS RODRIGUEZ

\_\_\_\_\_  
Name of Person

NAS BEHAVIOR SOLUTIONS LLC

\_\_\_\_\_  
Firm/Company

6800 SW 43RD CT

\_\_\_\_\_  
Address

DAVIE, FL 33314

\_\_\_\_\_  
City/State and Zip Code

niurysarnenteros@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NIURYS RODRIGUEZ

\_\_\_\_\_  
Name of Person

847 363-5320  
at ( ) Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

NAS BEHAVIOR SOLUTIONS 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 05/07/2024 and assigned  
Florida document number L24000212511.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NAS BEHAVIOR SOLUTIONS LLC

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)

6800 SW 43RD CT DAVIE, FL 33314

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:**

Name of New Registered Agent:

NIURYS RODRIGUEZ

New Registered Office Address:

Enter Florida street address

Florida

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 Agent, Signature of New Registered Agent

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** 05/16/2024 (optional)

(If 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated MAY 16th, 2024

MP2

Signature of a member or authorized representative of a member

NIURYS RODRIGUEZ

Typed or printed name of signee