L24000226949

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co	ection rporations		
GLV BEE	IAVIOR THERAPY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GEYDIS LINARES VAL	ERA	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	GLV BEHAVIOR THER.	APY LLC	
		Firm/Company	
	6860 SCOTT ST		
		Address	-
	-	City/State and Zip Code	···-
	HOLLYWOOD, FL 33024	•	
	E-mail address: (to be used for future annual report noti	lication)
For further information	concerning this matter, please c	all:	
GEYDIS LINARES VALERA		786 750-4628	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	the 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 Addre		Street Address:	
Registration Section		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records a Limited Liability Company)	.)
The Articles of Organization for this Limited Liability C		and assigned
Florida document number <u>L24000226949</u>	_ _ ·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADD)	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	ed office address on our records, <u>enter t</u>	he name of the new regist
	ed office address on our records, <u>enter t</u>	he name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:	ed office address on our records, <u>enter t</u> Enter Florida street address	
	Enter Florida street address	

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
SMBR	LINARES VALERA, GEYDIS	6860 SCOTT ST	∃ Add
		HOLLYWOOD, FL 33024	□Remove
			□Change
SMBR	LINARES VALERA, GEIDY	6860 SCOTT ST	
		HOLLYWOOD, FL 33024	≡ Remove
			□Change
			[]Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			C∩Change
			: □Adḍ ,}
			□Remove :
			 ☐ Change

 		
		
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l an effective date is listed, the date m	block does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as
record specifies a delayed effect d is filed.	ive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
May 15th	2024	·
	Signature of a member or authorized represen	itative of a member
	peydis Linaxes Vo	

Filing Fee: \$25.00