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COVER LETTER TO: Registration Section Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Behavior Serves, 9786 SW 221st St Miami FL 33190 City/State and Zin Code 150277560 e gmail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: رب Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,

Mailing Address:

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

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LSP	Behavior &	Seives,	UC	
(<u>Name of the Limited Li</u> (A F)	orida Limited Liability C	ow appears on dur ompany)	<u>records.</u>)	
The Articles of Organization for this Limited Liabili Florida document number	ty Company were file	ed on <u>May</u>	17, 2024 and assigned	
This amendment is submitted to amend the following	ā:			
A. If amending name, enter the new name of the LSP Behavioral The new name must be distinguishable and contain the words			"I I (" or the abbreviation "I I C"	_
Enter new principal offices address, if applicable:			the of the dollar value of the control of the contr	
(Principal office address MUST BE A STREET AL				_
Enter new mailing address, if applicable:			2024 JUN -4	_ _ _
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address o <u>re</u> :	n our records, <u>e</u>	nter the name of the new regist	ered
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·	_
New Registered Office Address:				
		Inter Florida street e	ddress	_
<u> </u>	<u> </u>	<u> </u>	_, Florida	_
N. D. L. A. S.	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

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
			🗆 Add
			□Remove
		□ Change	
			□ Add
		□Remove	
			□Change
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			□Remove
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			□Change
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			□Remove
			□ Change

-	ending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
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ir an effe <u>Note:</u>	ve date, if other than the date of filing:
e record ed is fik	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 d.
Dated _	
	Signature of a member or authorized representative of a member
	Typed or printed name of signer

Filing Fee: \$25.00