L24000255713

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FILED 2024 OCT 30 PH 4: 27 2575 (AB OF \$161)

COVER LETTER

TO:

FO: Registration Se Division of Cor				
~~~~	HAVIOR AND THERAPY SE	RVICES LLC		
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:		
	YANELA AGUERO GON	VZALEZ		
		Name of Person		
		Firm/Company	<del> </del>	
	21150 SW 87TH AVE AP	T 203		
	CUE ED DAY EL 22190	Address		
	CUTLER BAY, FL 33189	City/State and Zip Code		
	yanelaaguero23@gmail.com	n		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ification)	
YANELA AGUERO GO	·	717 203-1173		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Tallahassee De Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 OCT 30 PM 4: 27

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Y&M BEHAVIOR AND THERAPY SERVICES LLC

The Articles of Organization for this Limited Liability Co	mpany were filed on 06/04/2024	and assigned
Florida document number L24000255713		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	office address on our records, enter the	ie name of the new registered
	Enter Florida street address	
		rida
	City	Zıp Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and ent as provided for in Chapter 605, F	l I am familiar with and S. Or, if this document is
	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	YANELA AGUERO GONZALEZ	21150 SW 87TH AVE APT 203	<b>=</b> Add
		CUTLER BAY, FL 33189	□Remove
			□Change
			□Add
		□Remove	
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□Add
		<del></del>	□Remove
			□Change
			□Add
		<del></del>	□ Remove
			□Change

Effective date, if other than the date of filing:  [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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  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 red is filed.  Dated  OCTOBER  24  2024  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Typed or printed name of signee.	II amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
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Dated OCTOBER 24 2024  Signature of a member or authorized representative of a member	Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
Signature of a member or authorized representative of a member	ord is file	d.
Signature of a member or authorized representative of a member	Dated_	OCTOBER 24 2024
Signature of a member or authorized representative of a member		
YANG A PRIFRO GAD DAVEZ		Signature of a member or authorized representative of a member
17 # 17 C   PC   PC PC 17 C   C   7 C   T   A   7   PC   PC   PC   PC   PC   PC   PC		YANGO PRIFER GODINEZ