



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

Office Use Only



600436096056

78, 2 -- 0, 11-- (m. F. + 427, C)

2024 SEP 12 PM 5: 46
SEGN PART OF STATE

COVER LETTER

BEHAVIO	RAL HORIZONS LLC				
•	Name of Lim	ited Liability Company			
ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
rn all correspo	endence concerning this matter	to the following:			
	MAIRELIS GARCIA REG	GALADO			
		Name of Person			
	VIORAL HORIZONS LLC Name of Limited Liability Company as of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: MAIRELIS GARCIA REGALADO Name of Person BEHAVIORAL HORIZONS LLC Firm/Company 13710 OLD FARM DR Address TAMPA, FL 33626 City/State and Zip Code mairegarciar@gmail.com E-mail address: (to be used for future annual report notification) for concerning this matter, please call: IA REGALADO at (Area Code) Tayline Telephone Number for the following amount: at (Certificate of Status) Certificate Of Status) Certificate Copy (additional copy is enclosed) City State and Zip Code Maine of Person Tayline Telephone Number Street Address: Registration Section Division of Corporations 6327 The Centre of Tallahassee				
		Firm/Company			
	PEHAVIORAL HORIZONS LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following: MAIRELIS GARCIA REGALADO Name of Person BEHAVIORAL HORIZONS LLC Firm/Company 13710 OLD FARM DR Address TAMPA. FL 33626 City/State and Zip Code mairegarciar@gmail.com E-mail address: (to be used for future annual report notification) primation concerning this matter, please call: ARCIA REGALADO Name of Person Area Code Daytime Telephone Number beck for the following amount: ling Fee Certificate of Status Certificate Copy (additional copy is enclosed) Street Address: Registration Section Gion of Corporations Box 6327 The Centre of Tallahassee				
		Address	·····		
	TAMPA, FL 33626				
	 	City/State and Zip Code			
information c			otification)		
	-		21		
		at ()	31		
Name o	f Person	Area Code Dayı	ime Telephone Number		
s a check for th	ne following amount:				
) Filing Fee		Certified Copy	Certificate of Status &		
			Section		
Division of Corporations		Division of C			
	information of San Carling Address egistration of Co. Dox 632	ed Articles of Amendment and fee(s) are subtracted all correspondence concerning this matter MAIRELIS GARCIA REC BEHAVIORAL HORIZO 13710 OLD FARM DR TAMPA, FL 33626 mairegarciar@gmail.com E-mail address: (information concerning this matter, please of the following amount: S GARCIA REGALADO Name of Person s a check for the following amount: Filing Fee \$30.00 Filing Fee & Certificate of Status	BEHAVIORAL HORIZONS LLC Name of Limited Liability Company		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEHAVIORAL HORIZONS LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited I Florida document number 1.24000355166	Liability Company	were filed on 08/13/2024	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.IC."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		13710 OLD FARM DR TA	MPA, FL 33625	
			2024 SI SHOR AL	
			ACE SEP	
Enter new mailing address, if applicable:		13710 OLD FARM DR TA	·	
Mailing address MAY BE A POST OFFICE	BOX)		<u>m~n ∓⊑ ;</u>	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>ent</u>	er the name of the new registe	
Name of New Registered Agent:	N/A			
New Registered Office Address:	13710 OLD FA	ARM DR		
	Enter Florida street address			
	TAMPA	· · · · · · · · · · · · · · · · · · ·	Florida 33625	
		City	Zin 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 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

Title	<u>Name</u>	Address	Type of Action
MGR	MAIRELIS GARCIA REGALADO	13710 OLD FARM DR TAMPA, FL 33625	□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
		·	🗆 Add
			□Remove
			Change
		······································	DAdd
			□Remove
			Change
			🗆 Add
			□Remove
			□Change

				<u></u>
			· · · · · · · · · · · · · · · · · · ·	
	·····			
				
	- -,-			
·				
				
				
ective date, if other than the d	09/04/2024		(optional)	
effective date is listed, the date must be: If the date inserted in this block	e specific and cannot be prior		n 90 days after filing.) Pursuant	
ument's effective date on the Dep	artment of State's records.			
cord specifies a delayed effective is filed.	date, but not an effective til	me, at 12:01 a.m. on the	earlier of: (b) The 90th day	y after th
September 04 		·		
	14 1.7			
<u>S</u>	gnature of a member or autho		nombor.	
_	ignature of a member or autho	rized representative of a n	remoci	