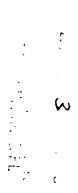
L24000435549



Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	OF ANGELS BEHAVIOR, LL	С	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ailema D Rodriguez Herna	andez	
		Name of Person	
		Firm/Company	
	1630 WOODS BEND RD		
		Address	
	WEST PALM BEACH, FI	L 33406	
		City/State and Zip Code	
	DREAMSOFANGELSBEI		* <u>*</u>
		to be used for future annual report not	incation)
For further information c	oncerning this matter, please c	ан;	
Ailema D Rodriguez Her	mandez	561 971-4003 at ()	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632	-	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DREAMS OF ANGELS BEHAVIOR, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L24000435549</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	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 ADDI	RESS)	F • • • • • • • • • • • • • • • • • • •
		-·!
		-
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		·-
		·
		·
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida, Florida	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ailema Rodriguez Hernandez	1630 WOODS BEND RD	□Add
		WEST PALM BEACH, FL 33406	≣Remove
			☐ Change
AMBR	Ailema D Rodriguez Hernandez	1630 WOODS BEND RD	■Add
		WEST PALM BEACH, FL 33406	□Remove
			☐ Change
			□ Add
			🗆 Remove
		,	□Change
	·		□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

	<u> </u>
_	
an effect (ote: If	ate, if other than the date of filing:
record s I is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	October 18th, 2024.
ated	
ated	Rand
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00