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(Re	equestor's Name)	
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PICK-UP	WAIT	MAłL
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Certified Copies	Certificates of	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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:		
	Kelfy Diaz			
		Name of Person	·····	
	Analyst Behavior Consult	ints, LLC		
		Firm/Company		
	841 East 34TH Street			
		Address		
	Hialcah, FL 33013			
	Diaz.kelly003@gmail.com	City/State and Zip Code	2911	
	E-mail address: (to be used for future annual report notif	ication)	77
For further information of	concerning this matter, please ca	all:	211 (CT 12 71 APASSE	
Kelly Diaz		305 586-8221		(
Name o	of Person		بب جر Telephone Number	رب
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Fring Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Analyst Behavior Consultants, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{10 / 03 / 2017}{m}$ and assigned Florida document number L17000204060 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

CZip Code

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
MGR	Kelly Diaz	841 East 34th Street Hialeah, FL 3.	■ Add
			☐ Remove
			☐ Change
			□ Add
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ective date, if other than the effective date is listed, the date must	date of filing: t be specific and cannot be pr	ior to date of tiling or mor	(optional) e than 90 days after tiling:	Pursuant to 605.0207 (3
e: If the date inserted in this bl	ock does not meet the app	licable statutory filing	requirements, this date	will not be listed as th
ument's effective date on the D	epartment of State's record	.15.	:: 	
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October 10th	2017			∵ n
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a pelle	Signature of a member/or au	thorized representative of	a member	· · · ·
		magines representative of	a memori	

Page 3 of 3

Filing Fee: \$25.00