

120000334869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

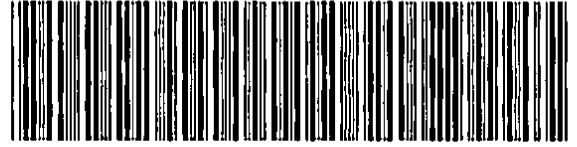
(Business Entity Name)

(Document Number)

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12/23/20
[Signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

Innovation Behavioral Health Center, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diamelba Carbone Martinez

Name of Person

Innovation Behavioral Health Center, LLC

Firm/Company

11521 SW 81st ST

Address

Miami, FL 33173

City/State and Zip Code

Group@innovationbhc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diamelba Carbone Martinez

786

447-3332

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Innovation Behavioral Health Center, 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 10/21/2020 and assigned Florida document number 1.20000334869.

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)

9570 SW 107th Ave #104C

Miami, FL 33176

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9570 SW 107th Ave #104C

Miami, FL 33176

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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:

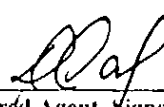
Name of New Registered Agent: Diamelba Carbone Martinez

New Registered Office Address: _____
Enter Florida street address

_____, Florida _____
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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|--------------------------------------|---|
| MGR | Laura Parodi | 11821 SW 252 Ter, Homestead FL 33032 | <input checked="" type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| MGR | Sonia Battle | 9031 SW 203 Ter, Miami FL 33189 | <input checked="" type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| MGR | Agustin Parodi | 11821 SW 252 Ter, Homestead FL 33032 | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input checked="" type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. Updating Principal Agent name to include second surname

2. Updating Principal Office Address

3. Updating Mailing Address

4. Adding Laura Parodi as Manager

5. Adding Sonia as Manager

6. Adding Agustin Parodi as Manager

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11/17/2020


E. Effective date, if other than the date of filing: _____ **(optional)**

(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated November, 17 . 2020 .



Signature of a member of authorized representative of a member

Diamelba Carbone Martinez

Typed or printed name of signee