L21000313014

(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:

Received
08/24/21

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08/24/21

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07/30/21--01016--018 **25.00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 AUG 23 AM 11:28

August 12, 2021

DUNIA LOPEZ LEON
10650 S.W. 157TH CT
APT 204
MIAMI, FL 33196

SUBJECT: D&F BEHAVIORAL MANAGEMENT SERV LLC
Ref. Number: L21000313014

We have received your document for D&F BEHAVIORAL MANAGEMENT SERV LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham
OPS

Letter Number: 521A00019217

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: D&F BEHAVIORAL MANAGEMENT SERV LLC
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:

DUNIA LOPEZ LEON
Name of Person

D&F BEHAVIORAL MANAGEMENT SERV LLC
Firm/Company

10650 SW 157TH CT. APT #204
Address

MIAMI,FL 33196
City/State and Zip Code

defptlv@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DUNIA LOPEZ LEON at (786) 803-9265
Name of Person — 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

D&F BEHAVIORAL MANAGEMENT SERV 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 07/08/2021 and assigned Florida document number L21000313014.

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: DUNIA LOPEZ LEON

New Registered Office Address: 10650 SW 157TH CT, APT # 204
Enter Florida street address

MIAMI, Florida 33196
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

Title	Name	Address	Type of Action
MGR	DUNIA LOPEZ LEON	10650 SW 157TH CT, APT#204 MIAMI,FL 33196	☐Add
			☐Remove
			■Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

TO RECTIFY THE REGISTRED AGENT'S LAST NAME (LINE B)

TO RECTIFY THE OFFICER'S LAST NAME

E. Effective date, if other than the date of filing: 07/06/2021 **(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 JULY. 19 2021

Signature of a member or authorized representative of a member

DUNIA LOPEZ LEON

Typed or printed name of signee

Filing Fee: $25.00