L15000201617

(Re	questor's Name)	
bA)	dress)	
	 .	
DA),	dress)	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
`	•	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		: :

Office Use Only



800280801198

01/12/16--01003--006 **25.00

16 JAN 11 PH 4: 06
SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor	porations * '		
	BEHAVIORAL, LLC		
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:	
	LUIS R. CALDERON		
		Name of Person	
	BELAIR ACCOUNTING	SERVICES, INC.	
		Firm/Company	
	1627 E. VINE STREET, S	UITE 110	
		Address	
	KISSIMMEE, FL 34744		
		City/State and Zip Code	
	adlush@aol.com	to be used for future annual report notifi	oction
For further information co	oncerning this matter, please ca		Cation)
LUIS R. CALDERON	`	407 944-9262 at () Area Code Daytime	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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)

٠,٠

MAILING ADDRESS: 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**

MINDFUL MEDICAL INFORMATICS, LLC

16 JAN 11 PH 4: 06

OICAL INFORMATICS, LLC

(Name of the Limited Liability Company as it now appears on our records) ECRE (ARY OF STATE

(A Florida Limited Liability Company) IALLAHASSEE FLORIDA The Articles of Organization for this Limited Liability Company were filed on 12/14/2015 and assigned Florida document number _L15000207617 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 , Florida _ City

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>	Address	Type of Action
	<u></u>		
			Remove
			☐ Change
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			☐ Change

HEALTH INFORMATIC TE	CHNOLOGY (HIT)	
HEALTH INFORMATIC EX		
HEALTH DATA ANALISTI	C	
BIOMEDICAL INFORMAT	IC	
		
	TS 6	
	Pro Z	Manuales - The store
	SSEC	圣門
	FLOR	<u>% </u> 90:ئا
	9 m	_
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to ock does not meet the applicable statutory filing requirements, this date will not be) 605.0207 : listed as
he record specifies a delayed The 90th day after the reco	l effective date, but not an effective time, at 12:01 a.m. on the early ord is filed.	arlier of
Dated JANUARY 95	2016	
(/ ()		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00