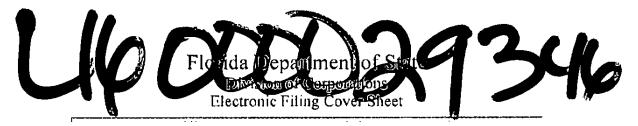
2016-08-31 16:14:03 GMT+1

13234467067 From: Imelda Vasquez Page 1 of 2

**Division of Corporations** 



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From:

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Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PARADIGM BEHAVIORAL HEALTH SOLUTIONS LLC

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TO: Registration Se Division of Cor					
	M BEHAVIORAL HEALT	TH SOLUTIONS 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	ondence concerning this matter	to the following:			
	Cheyenne Moseley				
		Name of Person			
	Legalzoom.com, Inc.			<u>~</u>	芸術
		Firm/Company			<b>声</b> 显
	101 N. Brand Blvd., 11t	h Floor		राहि अ	
		Address		1730	
	Glendale, CA 91203			S	- CO
	tiffunyctait@gmail.com	City/State and Zip Code	······································	9: 47	CALC
	E-mail address: (	to be used for future annual report notific	eation)		
For further information of	oncerning this matter, please co	all:			
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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 OF

## ARTICLES OF ORGANIZATION PARADIGM BEHAVIORAL HEALTH SOLUTIONS 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 Liabi Florida document number L16000029346	ility Company were filed on 02/11/2016	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	IDDRESS)	<b>动</b> 音哨
		- In 23
When now mailing address if applicables		ي الم
Enter new mailing address, if applicable:		29 79 FF
(Muiling address MAY BE A POST OFFICE BO	<u> </u>	
	_	<b>今</b> 등취
		# 第3
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records address here:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
A STATE OF THE PARTY OF THE PAR	Enter Florida street uddress	Y
_	, Flo	rida
	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

Page 1 of 3

To: Page 5 of 6

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Lilliam Rodriguez	2700 S. Oakland Forest Dr.#304	<b>Z</b> Add
		Oakland Park, FL 33322	☐ Remove
			□ Add □ Remove
			Add F Si Cally Remove CA.
			Add
	<del></del>		□ Add
			Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
Dated 08/29/2016
Signature of a member trauthorized representative of a member
Tiffany Tait Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00