Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000204843 3)))



H210002048433ABCY

To:	Division of Cor	nonations		TRI Z
		: (850)617-6383		- SS: - N
From:				me -0
		: LAZARUS CORPORATE	FILING SERVICE, I	
	Account Number			82 5.
		: (305)552-5973		- 5ā -
	Fax Number	: (305)675-5944		•
••Enter an	the email address	s for this business e ngs. Enter only one	entity to be used email address ple	Hor future ase.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAMILY BEHAVIORAL SERVICES LLC

0
0
04
\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

1/4

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

FAMILY BEHAVIORAL SERVICES LLC	s it now appears on our record	s.)
(Name of the Limited Liability Company s (A Florida Limited Liab	ility Company)	
The Articles of Organization for this Limited Liability Company we	re filed on 5/31/2016	and assigned
he Articles of Organization for this Limited Liability Company		
lorida document number L16000105317		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LIA	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Sinter new principal offices and the A STREET ADDRESS)		14 m 2
Principal office address MUST BE A STREET ADDRESS)		59 3
		ZI SE
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)	d Liability Company," the designation "LLC" or the abbreviation "LLC." SSS) AY 2 SSR SSR AY 2 SSR SSR SSR SSR SSR SSR SSR S	
(M) duting dual 1239 124 122 ==		
		. >
2. Vsding the registered agent and/or registered office a	ddress on our records, <u>ent</u>	er the name of the new regi
agent and/or the new registered office address here:		ı
agent and or		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
. *		Flori ia
	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.

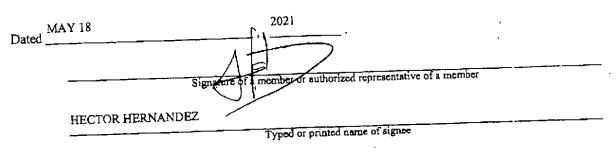
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person penny source or removed from our records:

MGR = Manager AMBR = Authorized Member

AMBR = Aut	horized Member		The section
<u>Title</u>	Name .	<u>Address</u>	Type of Action
MGR	RODNEY PRAT	16183 NW 15th ST, PEMBROKE PINES, FL 33028	} □Add
	_		BRemove
			Change
MGR	MARIA D. CASTILLO MENEND	2011 SW 98 AVE, MIRAMAR, FL, 33025	= Add
1ARIA D	, CASTILLO MENGUDEZ		□Remove
			Change
			🗆 Add
	•		□Remove
			Change
			Remove
		· ·	Change
			□Add
			□Remove
	÷		Change
			□ Add
	_		□Remove
			Change

	 			-
	 			-
				_
		 -		
 ·				-
	 			-
 	 			-
 	 	_ _		_
	 	5		
			021 1	
 		IAS	AY 2	7
 	 	CO CO	- 12	
 	 	F STA	3	-0
	 <u> </u>	- 8 - 1 - 8 - 1	<u></u>	
 	 			
 •				
the date of filing: must be specific and cannot be properties block does not meet the app	(ont	lanal)		

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.



Filing Fee: \$25.00