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COVER LETTER

TO:	Registration Sec Division of Corp	tion orations			
elib i		havior Health Group,"LLC"			
SUBJ:	rci:	Name of Lim	ited Liability Company		
The er	nclosed Articles of /	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspor	idence concerning this matter	to the following:		
		Jordanska M Rivero			
			Name of Person		
		Florida Behavior Health G	roup."LLC"		
			Firm/Company	<u> </u>	
		11980 Sw 144 Ct Unit 210			
			Address		
		Miami, FL 33186			
			City/State and Zip Code		
		behaviorconsultantfl@gmai			
		E-mail address: ()	to be used for future annual r	report notification)	
For fu	rther information co	ncerning this matter, please ca	ili:		
Jordar	nska Rivero			D-8182	
	Name of	Person	at () Area Code	Daytime Teleph	one Number
Enclos	sed is a check for the	: following amount:			
≡ S2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>:</u>	Street Ad	ldress:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Florida Behavior Health Group,"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 _ and assigned Florida document number ____17000067257 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Florida Behavior Health Group LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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

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.

City

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
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an effectiv	e date is listed, the	e date must be spe	eific and canno	ot be prior to date		90 days after filir	g.) Pursuant to 605.0	
	he date inserted is effective date.				tutory filing requi	rements, this da	te will not be listed	d as
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record sn	ecities a delave	d effective date.	but not an ef	fective time, at	[2:01 a,m. on the c	earlier of: (b)	The 90th day after	the
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