Division of Corporations

2/11/2021

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.

(((H21000060003 3)))



H210000600033ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200008206 Phone : (305)463-6690 Fax Number : (305)463-6693

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION ABC CHILDREN BEHAVIOR LLC

Certificate of Status	0
Certified Copy	θ
Page Count	01
Estimated Charge	\$52.50

Electronic Filing Menu Corporate Filing Menu

7 97

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

	<u> </u>		
ed Liability Company as it now appears (A Florida Limited Liability Company)	m our records.)		
iability Company were filed on $\frac{04-2}{2}$			
f the limited liability company here	¥		
	ignation "LLC" or the abbreviation "L.A., C."		
	and the control of th		
egistered office address on our rec	ords, enter the name of the new registered		
	a street address		
City City	Florida 33990 Zip Cooke		
Registered Agent:			
d agent and agree to act in this ca er and complete performance of m stered agent as provided for in Ch	spacity. I further agree to comply with the sy duties, and I am familiar with and supter 605, F.S. Or, if this document is confirm that the limited liability		
	bowing: If the limited liability company here ords "Limited Liability Company," the desi able: IT ADDRESS) Registered office address on our recess here: Lissette Gomez Fernandez 530 SE HTH CT Emer Florida Cape Coral City Registered Agent: ed agent and agree to act in this caper and complete performance of mistered agent as provided for in Ch		

If Changing Registered Agent, Signature of New Registered Agent

Ta: 18506176383 Page: 6 of 7 2021-02-11 23:32:49 GMT 13054636693 From: Luciano Puentes

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
MGR	Daylan Percira		🗆 Add
		530 SE 11TH CT, Cape Coral, FL 33990	■ Remove
			□Change
			□Add
			□Remove
			🗀 Add
		· .	Remove
			□ Change
			□Add
			□Remove
			□Change
			🖾 Remove
			□Change
**************************************			DAdd
			□Remove
			□Change

From: Luciano Puentes

		··			
			· · · · · · · · · · · · · · · · · · ·		
		······································			
					
				- 	
					
					
					
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not mee	a the applicable	ate of filing or more statutory filing re	(option; than 90 days after fili quirements, this di	ng.) Pursuara to 605.0207
record specifies a delayed effective d is filed.	date, but not an	effective time,	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
	,	2021			
Dated February 11	' -	 ,			
Jated	······································	A	d representative of a	gweber	

2021-02-11 23:32:49 GMT