Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200000206 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.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AC BEHAVIORAL SERVICES, LLC.

Certificate of Status	U
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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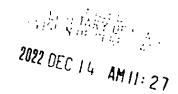
Electronic Filing Menu Corporate Filing Menu

Help

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To

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



AC BEHAVIORAL SERVICES, LL		
(Name of the Limited	Liability Company as it now appears on Florida Limitol Liability Company)	our records.)
The Articles of Organization for this Limited Lia	bility Company were filed on 05/25/2	017 and assigned
Florida document number L17000115919		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Contpany," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B)	<u>0Xj</u>	
	patrice state of the state of t	
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on our record here:	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	City	. Florida Zip Code
	Cas	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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Manuel F, Martinez Del Toro	4880 NW 177th ST	≅Add
			□Remove
		Miami Gardens, FL 33055	Change
			□Add
			IRcmove
			:□Change
	**************************************		DAdd
			□Remove
			DChange
			DAdd
			Remove
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		The state of the s	∐∆dd
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			Clobana

			2022 000
D. If amending any other informat	ion, enter change(s) here: (/	Attach additional sheets, if necessi	2022 DEC 14 AM 11:
<i>**</i>			
			2222
			-
Effective date, if other than the a (if an effective date is listed, the date mast Note: If the date inserted in this blo-document's effective date on the Dept.	ck does not meet the applicable	(optional te of filing or more than 90 days after (Fig statutory filing requirements, this day	f) ig.) Pursuant to 605,0207 (3)(b) te will not be listed as the
the record specifies a delayed effective cord is filed.	date, but not an effective time, :	at 12.01 a.m. on the earlier of; (b)	The 90th day after the
Dated	2022		
	NGS,	18,7,77 (8-27 (3)) Trepresentative of a member	
Adria M Castillo			
	Typed or printed na	me of signee	