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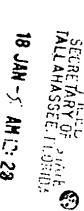
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Cor			
SHRIFCT: BLAG	vioral Services	= Network, L	LC
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Posa	M Corad	
		Name of Person	
	Behavio	Firm/Company	etwork, LLC
		Firm/Company	
	8746 (ummodure Dr Address	
		Address	
	Somina	1/2 5 337	176
		City/State and Zip Code	
	Corac	reme.com	
	E-mail address: (t	be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	11:	
Rosa M	0-2-1	7 7 77	
	 	at (747) 336 Area Gode Daytin	4624
Name of	Person	Area Gode Dayun	ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fcc & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILI	NG ADDRESS:	STREET/COUR	IER ADDRESS:
Registra	ation Section	Registration Section	no
	n of Corporations	Division of Corpo	rations
P.O. Bo Tallaha	x 6327 ssee, FL 32314	Glifton Building 2661 Executive Co	enter Circle
ı wiwia.	00000 1 to 0 40 1 T	Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO | ARTICLES OF ORGANIZATION OF |

Or	1 AS
Behavioral Service	cad Network, LLC = ETC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 10/20/17 and assened
Florida document number <u>L1700217364</u>	2 82
The state of the s	3 5 6
This amendment is submitted to amend the following:	The state of the s
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
E-4	8200 NW 41 ST ST
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Suite 200 Unit 95
	Doeal Fr 33166
	57
Enter new mailing address, if applicable:	8200 NW 41" ST
(Mailing address MAY BE A POST OFFICE BOX)	Suite 200 Unit 95
	Doral FL 33166
B. If amending the registered agent and/or registered offi	ce address on our records, enter the name of the new
registered agent and/or the new registered office address here:	
,	1
Name of New Registered Agent:	1
New Registered Office Address:	
THE WASSESSEE OF THE PARTY OF T	Enter Florida street address
	Elid-
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·
I hereby accept the appointment as registered agent and gazes	to get in this connecting I further govern to comply with the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	erformance of my duties, and I am familiar with and
accept the obligations of my position as registered agent as pr	ovided for in Chapter 605, F.S. Or, if this document is
being filed to merely reflect a change in the registered office d	ddress, I hereby confirm that the limited liability
company has been notified in writing of this change.	
ı	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending or removed	Authorized Person(s) authorized to m from our records:	anage, <u>enter the title,</u>	name, and address o	f each person being added
MGR = M AMBR = A	anager uthorized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
MGR	STEIN RAGLIER			
		DORAL FO	L 33164	Remove
				☐ Change
				
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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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		23	;
			
ective	date, if other than the date of filing: (optional)		
<u>te:</u> If t	re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records.	605.02 listed	207 (3 as th
record he 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earth day after the record is filed.	adier	of:
ed	1 3 2018		
	Touch		
	Signature of a meluber or authorized representative of a member	-	
	Rosa de Cozad		
	Typed or printed name of signee	_	

Page 3 of 3 Filing Fee: \$25.00