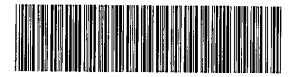
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:	Registration So Division of Cor				
eun ir/	Brighter M	linds Behavioral Health, LL0	2		
SUBJECT: Name of Limited Liability Company					
The encl	losed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Lissette Collazo			
		Brighter Minds Behavioral	Name of Person Health, LLC		
	Firm/Company 1521 Forest Hill Blvd. Suite 3				
		Lake Clarke Shores, FL. 3	Address 3406		
		brigntermindsbh@gmail.cor	City/State and Zip Code		
		E-mail address: (to be used for future annual report notif	icatem)	
For furth	er information c	oncerning this matter, please c	all:		
Lissette	Collazo		561 667-2705		
	Name o	i Person	at () Area Code Daytime	: Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brighter Minds Behavioral Hea		
(<u>Name of the Lin</u>	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited	Liability Company were filed on $\frac{1}{2}$	2/07/2017 and assigned
lorida document number L17000248813		
his amendment is submitted to amend the fo	llowing:	
. If amending name, enter the new name	of the limited liability company h	<u>ere</u> :
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	lesignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	
rincipal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE		
Annaig anness sign be a 1031 OFFICE	, BO.Y	
		1: 2
. If amending the registered agent and	l/or registered office address or	
gistered agent and/or the new registered of	office address here:	the trace and the trace of the
Name of New Registered Agent:	Lissette Collazo	
New Registered Office Address:	1521 Forest Hill Blvd Suite 3	
	Enter Flor	ida street address
	Lake Clarke Shores	Florida 33406
	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 Changing Registered Agent, Signature of New Registered Agent

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	Raudel Bonne	3140 NW 59th Street, Miami, FL, 33142	
			Add
			■ Remove
			Change
	Lissette Collazo	1876 Baythorne Rd, West Palm Beach, FL, 33415	
		From AMBR to MGR	□ Remove
			■ Change
			Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			□ Remove
			Change

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<u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 30th 2019
	Signature of a member or authorized representative of a member
	Lissette Collazo Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00