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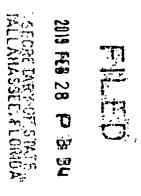
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MAR OS 2001 T. LEMIEUX

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Behavioral Intervention Center for Children L.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Cutkins Name of Person
First Behavioral
9100 conry windemere Rd Suite 200
Windemere, FL 3478U. City/State and Zip Code Jatkins after the havioral crafter and address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (2015) 8498484 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee

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

Behavioral Intervention Company as it is (A Florida Limited Liability Company as it is	hter for Children L.L.C.
The Articles of Organization for this Limited Liability Company were fi Florida document number <u>LISODD30194</u>	led on $02/02/18$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
First Behavioral L.L.C The new name must be distinguishable and contain the words "Limited Liability Comp	
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)	P _{NO} N
(Matting address MAT BE A FOST OFFICE BOX)	<u> </u>
	P.70
	(A 27)
B. If amending the registered agent and/or registered office ad	idress on our recorst enter the name of the nev
registered agent and/or the new registered office address here:	무섭 💂 👩
	To Control of the con
Name of New Registered Agent:	
Manie of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street address
	Florida
Cin	, Florida V Zin 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>	Name	Address	Type of Action	
				
			☐ Remove	
			☐ Change	
			D Add	
			☐ Remove	
			Change	
			D Add	
			☐ Remove	
			☐ Change	
			□ Add	
			☐ Remove	
			Change	
			D Add	
			☐ Remove	
			☐ Change	
			□ Add	
			Remove	
			☐ Change	

Note:	tive date, if other than the date of filing: February 22, 2019 (optional) flective 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 605,0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
the re) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	Tebruny 22 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00