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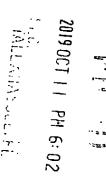
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COVER LETTER

TO:	Registration Se Division of Cor				
CHIDI		OUTH POINT BEHAVIORAL	SOLUTIONS LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company		
The er	iclosed Articles of	Amendment and feets) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
	·		RAUDEL REYES		
		SOUTH DOIN	Name of Person	ETIGNIC 117	
		SOOTH PORN	F BEHAVIORAL SOLU	HONS LIX	
	Firm/Company				
		/115	NW 179 ST APT 101		
	Address				
		H	IALEAH, FL 33015		
		randelreyes55@gn	City/State and Zip Code nail.com		
		E-mail address: (to be used for future annual	l report notification	1
For fu	rther information c	concerning this matter, please co	all:		
RAUI	DEL REYES		786 at ()	714-7326	
	Name (n' Person	at () Area Code	Daytine Telep	hone Number
Enclos	sed is a check for t	he following amount:			
■ \$2	5 00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ S55,00 Filing Fee Certified Copy (additional copy is en		□ \$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

SOUTH POINT BE	HAVIORAL SOLUTION	S LLC			
(<u>Name of the Limited Liability</u> (A Fiorida	y Company as it now appea Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Co	ompany were filed on	04/19/2018	;	and assig	ned
Florida document number 1.18000099445	·				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limit</u>	ted liability company h	ere:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the o	designation "LLC" or th	e abbrevis		(·
Enter new principal offices address, if applicable:			<u> </u>	00 EI	e:]
Principal office address MUST BE A STREET ADDR	ESS)		: :		
			<u>;</u>		<u>.</u>
				7:	
Enter new mailing address, if applicable:			<u>:</u>	_ მ:	
(Mailing address MAY BE A POST OFFICE BOX)			•	2	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ı our records, <u>ent</u>	er the	name of	the ne
Name of New Registered Agent:				-	
New Registered Office Address:					
	Enter Flo	rida street address	•		
		, Florida			
	City			o 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YENEY RODRIGUEZ DIAZ	7115 NW 179 ST APT 101, HIALEAH FL 33015	B Add
			☐ Remove
			Change
			Add
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ective date, if other than the neffective date is listed, the date must	the specific and cannot be pr	ior to date of filing or mo	(optional) re than 90 days after filing.) Pursuant to 605.026
te: If the date inserted in this blocument's effective date on the Do			requirements, this date	will not be listed :
record specifies a delayed The 90th day after the reco	l effective date, but ord is filed.	not an effective ti	me, at 12:01 a.m.	on the earlier (
OCTUBER 08	2019	. ^	\land	
	•	()	()	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00