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COVER LETTER

	egistration Sec ivision of Corp		•	
SUBJECT		Health and Wellness of South	Florida, LLC	
SOBJEC I	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspoi	ndence concerning this matter	to the following:	
		Grace Diaz		
			Name of Person	
		Behavioral Health and We	ellness of South Florida, LLC	
			Firm/Company	
		16258 SW 61st Ln		
			Address	·····
		Miami, FL 33193		
			City/State and Zip Code	
		GTD23@Bellsouth.net		
		E-mail address: (to be used for future annual report noti	fication)
For further	information co	ncerning this matter, please ca	all:	
Grace Dia	7.		305 924-7299 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	s a check for the	e following amount:		
□ \$ 25.00	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:

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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 Health and Wellness of South Florida, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/07/18 and assigned Florida document number L18000113625 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation. "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida _ City

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>	<u>Address</u>	Type of Action
AMBR	Luis Grisales	16258 SW 61st Ln	Add
		Miami, FL 33193	_□ Remove
		3000 S. Ocean Drive, Apt 1016	
AMBR	Leonid Bulkin	Hollywood, FL 33019	Add
			Ch
			□ Remove
			□ Change
			
			□ Remove
			Change
			
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			Remove
			□ Change

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Signature of a member or authorized representative of a member	991				
	franting.				
Frace Diaz	-1 1111(V LY/L+7				

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Filing Fee: \$25.00