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To whom it may concern:

We have a credit for the \$25.00 fee, as we paid back in October 2018 and the issue wasn't resolved. We are resubmitting the paper work to add Jesenia Blanco as an Owner. Hope you can help!

Thank you in advance!

Jasmine Blanco

:..

iCare Behavior Services, LLC

DBA iCare Wellness

Document number: L18000116194

2019 FEB -8 A 8: 2'

COVER LETTER

	vior Services, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jasmine Blanco		2011 7.^.L
	Cara Daharior Samione	Name of Person	2019 FEB
Division of Corporations iCare Behavior Services, LLC Name of Lim he enclosed Articles of Amendment and fee(s) are subsease return all correspondence concerning this matter Jasmine Blanco iCare Behavior Services 8180 SW 36 Street Suite In Doral, Florida 33166 icarebehaviorservices@gma E-mail address: (or further information concerning this matter, please consmine Blanco Name of Person			
	8180 SW 36 Street Suite 10	Firm/Company OOL	· · › › · · · · · · · · · · · · · · · ·
	Doral, Florida 33166	Address	22
	icarebehaviorservices@gma	City/State and Zip Code il.com	
		to be used for future annual report notific	ration)
For further information c	concerning this matter, please co	N:	
Jasmine Blanco		305 468-9899 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
Regist Divisio	ration Section on of Corporations	STREET/COURIE Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, Fl. 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Florida document number L18000116194	Company were filed on May 9, 20	and assigned
This amendment is submitted to amend the following:		8
A. If amending name, enter the new name of the lim	nited liability company here:	F 80
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation	on "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:	N/a	
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		ecords, enter the name of the new
Name of New Registered Agent:	/A	
New Registered Office Address:	Enter Florida stree	1 address
	City	, Florida Zip Code
	Cuy	zip Coae

New Registered Agent's Signature, if changing Registered Agent:

iCare Behavior Services, LLC

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
MGR	Jesenia M Blanco	8180 SW 36 Street Suite 100L Doral, FL 33166	Add
			Remove
			Change
			EB Add
			Remove
			> No Change
			Add
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Note: If the date inser	er than the date of filing it, the date must be specific and ted in this block does not ate on the Department of	meet the applicable statu	(op filing or more than 90 days at tory filing requirements, t	otional) Her filing.) Pursuant to 605 This date will not be liste	5.0207 (3 ed as th
	a delayed effective er the record is filed		ective time, at 12:0:	La.m. on the earlie	er of:
Dated May 24		2018			
	Ab c	··			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00