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## **COVER LETTER**

Div	ision of Corpo	orations		
CUDIECT.	INSIGHT BE	HAVIORAL CENTER LLC	;	
SUBJECT:		Name of Limi	ited Liability Company	······································
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		HILDA MONTESDEOCA	A.	
			Name of Person	<del></del>
		ITA SOLUTIONS CORP		
			Firm/Company	
		4987 N UNIVERSITY OF	R SUITE 27	
			Address	***************************************
		LAUDERHILL, FL 33351		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For further is	nformation con	cerning this matter, please ca	all:	
HILDA MO	NTESDEOCA	<b>A</b>	954 572-5919	
	Name of F	erson	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 F	Filing Fee	S30.00 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

TO: Registration Section

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

INSIGHT BEHAVIORAL CENTER		
(Name of the Limited (A	Liability Company as It now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L18000131564	ility Company were filed on MAY 25, 2018	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	···
(Principal office address MUST BE A STREET)	ADDRESS)	
		<b>10</b>
		JUN CRE
Enter new mailing address, if applicable:		22 SE
(Mailing address MAY BE A POST OFFICE BO	DX)	<b></b>
		2
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, entere eaddress here:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , Florida	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>	<u>Address</u>	Type of Action
AMBR	ROSA VICTORIA PEREIRA DA SILVA	100 SOUTH POINT DRIVE APT 1801	🖩 Add
		MIAMI BEACH, FL 33139	Remove
			□ Change
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		-n	□ Change
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be prior to date of filing or more to	(optional) han 90 days after filing.) Pursuant to 605.0
ote: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	quirements, this date will not be listed
record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earlie
ted June 19, 2018.	
(12a)	
1 A A # 17 -	
Signature of a member of authorized representative of a	member

Page 3 of 3

Filing Fee: \$25.00