# 118000162681

	Requestor's Name)	
(	Address)	
(	Address)	
(	City/State/Zip/Phone #)	<u>_</u>
PICK-UP	WAIT	MAIL .
(	Business Entity Name)	
(	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

	Registration Sec Division of Corp		:	
SUBJEC	LL BEHAV	TORAL WELLNESS SERVI	CES.LLC	
300000		Name of Lin	nited Liability Company	
		Amendment and fee(s) are substantial and sections and sections are substantial and sections are substan	•	
Please ret	turn att correspor	idence concerning this matter	to the following:	
		Liz M. Lopez		
			Name of Person	
		LL BEHAVIORAL WEL	LNFSS SERVICES.LLC	
			Firm/Company	
		15430 LINCOLN DRIVE		
			Address	
		HOMESTEAD, FL 33033		
			City/State and Zip Code	<del></del>
		lizłopezpsy@yahoo.com		
		E-mail address: (	to be used for future annual report not	fication)
For furthe	r information co	neerning this matter, please c	all:	
Liz M. Lo	opez		305 502-7012	
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed :	is a check for the	: following amount:		
<b>■</b> \$25.0	0 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)
,	etailing Address:		Stroot Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LE BEHAVIORAL WELLNESS			
( <u>Name of the Lim</u>	ited Liability Company as it nov (A Florida Limited Liability Co	s appears on our records.) mpany)	
The Articles of Organization for this Limited	Liability Company were filed	f on	and assigned
Florida document number L18000162681	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability comp	oany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "E.LC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			(
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			-
Mailing address MAY BE A POST OFFICE	<u></u>		
			=
D 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			E PL
B. If amending the registered agent and/or agent and/or the new registered office addr		n our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:	Liz M. Lopez		
New Registered Office Address:	15430 LINCOLN DRIVE		
rew registered virtue reduces.	E	nter Florida street address	<del></del>
	HOMESTEAD	Floric	fa <u>33033</u>
	Cuy		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>	Name	Address	Type of Action
Р	Liz M. Lopez	15430 LINCOLN DRIVE	
		HOMESTEAD, FL 33033	□Remove
P	Lizmary Lopez	15430 LINCOLN DRIVE	□Add
		HOMESTEAD, FL 33033	
			□Change
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
		□Change	
		□Add	
		□Remove	
		Change	
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(II an effe Note: 1	re date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	05-31-2023
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Liz M. Lopez

Filing Fee: \$25.00