

To:

Division of Corporations

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of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 Phone : (305)463-6690 Fax Number : (305)463-6693

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JMS BEHAVIOR THERAPY LLC

Certificate of Status	0
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Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

' JMS BEHAVIOR THERAPY LLC	?		
(Name of the Limi	ted Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L19000045347	iability Compan	y were filed on 02/14/2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lial	hility company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if appli	cable:	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
(Principal office address MUST BE A STREE	1 ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1300 Ponce de Leon Blvd Apt 704	
		Miami, FL 33134	Nagaringan yang andrew samp gang gang andrew samp and an andrew samp and an andrew samp and an andrew samp and an an andrew samp and an an andrew samp and an an an andrew samp and an
B. If amending the registered agent and/or agent and/or the new registered office addresses			name of the new registere
Name of New Registered Agent:	Madelen Mon	tano Silva	ω [
New Registered Office Address:	1300 Ponce de	: Leon Blvd, Apt 704 Enter Florida street address	2
	Miami	Enter Florida street address , Florid:	ූ 3313 4
		City	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

Page: 4 of 5 2022-11-03 19:09:20 GMT 13054636693 From: Luciano Puentes

If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Madelen Montano Silva	1300 Ponce de Leon Blvd	□Add
		Apt 704	
		Miami, FL 33134	⊞ Change
enemph states of a minimal party and an an			
			□Remove
			□Change
way day day day day day a san a			□Add
			□Remove
			□ Change
			□Add
		a setuar annuan dagas singena un para seta da sina su	
		American and disciplinating the Parting Property against the Parting Property and Property and Parting Property an	Change
			□Add
			□Remove
			□Remove
			☐ Change

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(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 able statutory filing requirements, this date will not be listed as
me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
~ '
tized representative of a member
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