119000057464

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COVER LETTER

	egistration Se ivision of Cor					
SUBJECT		n Technology Management, LL	c			
SUBJECT	•	Name of Lin	nited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please retu	rn all correspo	ondence concerning this matter	to the following:			
		Jennifer Reed, Esq.				
		JR LEGAL, PLLC	Name of Person			
			Firm/Company			
		21345 SW 183 Avenue	. ,		2019 F	
		Miami, FL 33187	Address		2019 MAY 13 - 6061 1551 - 641 (ALLS)	FILED
			City/State and Zip Code		PH 5:	03
		E-mail address: (to be used for future annual report notifi	cation)	. 16	
For further	information o	concerning this matter, please c	all:		_	
Luis Zayas	;		786 542-1551			
	Name o	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is	s 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)	Certified C	of Status &	
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIF Registration Section Division of Corpora	ı		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medication Technology Management, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our reco da Limited Liability Company)	rds_)
The Articles of Organization for this Limited Liability Florida document number L19000057464	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
Telehealth Behavioral Continuum, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	20
		10.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2 D
		· —
B. If amending the registered agent and/or reg	istered office address on our recon	ds, enter the name of the new
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	F.	ilorida
	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

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
MGR	Penstar Family Wellness, Inc.	1666 NE 19th Ave. Stc 112 N Miami Beach, FL 33162	
		TV Maint Death, 1123,7702	= Add
			☐ Remove
	Ol. Holdings Com	170 (1)	
MGR	OL Holdings Corp	1172 S Dixie Hwy, Unit 461 Coral Gables, FL 33146	= Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Remove 9 HA
			Remove On
			□ Change
			☐ Remove
			□ Change

			☐ Remove
			∏ Change

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