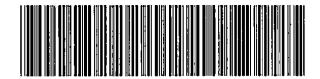
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(Re	equestor's Name)
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COVER LETTER

TO:	Registration Se Division of Cor			
410 (8) 811		LTH BEHAVIORAL CONTIN	RUUM, LLC	
SUBJE	CI:	Name of Lim	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing,	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		Jennifer Reed, Esq.		
		JR LEGAL, PLLC	Name of Person	·
		21345 SW 183 Avenue	Firm/Company	
		Miami, F1, 33187	Address	· · · · · · · · · · · · · · · · · · ·
		lzayas@gbiomed.net	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	tification)
For furt	her information c	oncerning this matter, please co	all;	
Luis Za	yas		305 591-7774	
	Name o	f Person	at () Area Code Daytii	ne Telephone Number
Enclose	d is a check for th	ne 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 tadditional copy is enclosed)

MAILING ADDRESS:

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

TELEHEALTH BEHAVIORAL CONTINUUM, LLC

(Name of the Limited	Liability Company as it now appears on our recor Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liah Florida document number 1.19000057464	oility Company were filed on 02/27/19	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
Mikalou Group, LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LL	O" or the abbreviation (LaL.C.)
Enter new principal offices address, if applicab	de:	
(Principal office address MUST BE A STREET		
		6
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		s, enter the name of the new
	Enter Florida street address	
	, Fi	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete performance of my duties, a red agent as provided for in Chapter 605, gistered office address, I hereby confirm th	nd I am familiar with and F.S. Or, if this document is
	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	1010 Management Group, LLC	7765 NW 48 Street, Suite 220	
		Doral, FL 33166	
			Remove
			Change
MGR	Penstar Family Willness, Inc.	1666 NE 19th Ave. Stc 112 N Miami Beach, FL 33162	
		N SHAIII DEACH, F1.55102	
			■ Remove
			Change
MGR	OL Holdings, Corp.	1172 S Dixie Flwy, Ste 461 Coral Gables, FL 33146	
			■ Remove
			Change
	SEE ATTACHED		
 -			= Add
			□ Remove
	SEE ATTACHED		Change
	SECALIACHED		
			= Add
			_
			Remove
	SEE ATTACHED		Change
			D n
			Remove
			□ Change
			u change

TITLE	NAME	ADDRESS	ACTION
MGR	MSL Consulting, LEC	15138 Chapter Way Winter Garden, FL 34787	ADD
MGR	Solange Gonzalez	15052 SW 177 Terr Miami, FL 33187	ADD
MGR	Nipet	13449 NW 42 Ave Opa-Locka, FL 33054	ADD
			
ffective date is	f other than the date of filing: s listed, the date must be specific and ca	unnot be prior to date of filing or more than	(optional) 90 days after filing.) Pursuant to 605.0207 (3
ffective date is If the date	s listed, the date must be specific and ca	at the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605,0207 (3 ements, this date will not be listed as th
ffective date is If the date ment's effect ecord spec	s listed, the date must be specific and ca inserted in this block does not med live date on the Department of Stat	et the applicable statutory filing requir te's records,	90 days after filing.) Pursuant to 605,0207 (3
flective date is If the date ment's effect ecord spec e 90th day	s listed, the date must be specific and calinserted in this block does not meetive date on the Department of Statesifies a delayed effective date after the record is filed.	et the applicable statutory filing requir te's records. te, but not an effective time, a	90 days after tiling.) Pursuant to 605.0207 (3 cments, this date will not be listed as the state of the first of the task of t
flective date is If the date ment's effect ecord spec e 90th day	s listed, the date must be specific and calinserted in this block does not meetive date on the Department of Statesifies a delayed effective date after the record is filed.	et the applicable statutory filing requir te's records,	90 days after tiling.) Pursuant to 605.0207 (3 cments, this date will not be listed as the state of the first of the task of t

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00