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R. WHITE MAR 1 0 2020



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Pro-Monta	1 Health (onnections, LLC
	7	ned islamily company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Albert	Name of Person	2
	Pro-Ment	Firm/Company	Connections, LLC
	9247 SW	209 tema	<u>ce</u>
	PM # C _ E-mail address: (City/State and Zip Code LC @ OUT (to be used for future annual rep	OOK . COM
For further information e	oncerning this matter, please ca	all:	
Alberto Name o	SanChcz FPerson	at (<u>786</u>) 4	19-5852 Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Add	
Registration S Division of C		-	ion Section of Corporations
P.O. Box 632	7		re of Tallahassee
Tallahassee, I	FL 32314	2415 N. N	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro-Mental Health Connections, L (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) Florida document number ____ <u>L 19</u> 00 0 2 5 4 4 4 4 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
MGR	Maissa Patino	2075 SW 122 ave	□Add
		apt sos Miami FL,	Remove
		33175	□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			C Charles

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-	
vote: II	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
	2/14/20 / 1/1
ated	A, #1
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00