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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT:	BSM BAHA	AVIOR THERAPHY, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		MARICEL PENA ROSAL	ES	
			Name of Limited Liability Company endment and fee(s) are submitted for filing, nee concerning this matter to the following: MARICEL PENA ROSALES Name of Person Firm/Company 14374 SW 96 LANE Address MIAMI, FLORIDA 33186 City/State and Zip Code naricelpena32@yahoo.com E-mail address: (to be used for future annual report notification) erning this matter, please call: S at (
			Firm/Company	
		14374 SW 96 LANE		
			Address	
		MIAMI, FLORIDA 33186		
			City/State and Zip Code	
		maricelpena32@yahoo.com		
		Address MIAMI, FLORIDA 33186 City/State and Zip Code maricelpena32@yahoo.com E-mail address: (to be used for future annual report notification) reming this matter, please call: 28 370 3403 at (
For further in	nformation co	oncerning this matter, please co	all:	
MARICEL I			at ()	
	Name of	F Person	Area Code Daytin	e Telephone Number
Enclosed is a	check for th	ee following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	iling Addres gistration S		<u>Street Address:</u> Registration Se	ection
		orporations	Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BSM BAHAVIOR THERAPHY, I	LC		020.
(<u>Name of the Limi</u>	ted Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	rds.) AN
The Articles of Organization for this Limited L Florida document number L19000299483 This amendment is submitted to amend the foll		ny were filed on 12/09/2019	SSEE FLORID
A. If amending name, enter the new name o	f the limited lia	ability company here:	
BSM BEHAVIOR THERAPY, LLC			
The new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	14374 SW 96 LANE MIAM	I, FLORIDA 33186
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	14374 SW 96 LANE MIAM	I, FLORIDA 33186
B. If amending the registered agent and/or in agent and/or the new registered office addre	•	e address on our records, <u>ente</u>	er the name of the new registere
Name of New Registered Agent:	MARICEL P	ENA ROSALES	
New Registered Office Address:	14374 SW 96	S LANE	
	 	Enter Florida street addr	ess
	MIAMI		Florida <u>33186</u>
		Ciņ·	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>	Address	Type of Action
MGR	MARICEL PENA ROSALES	14374 SW 96 LANE MIAMI, FLORIDA 33186	≅Add
			□Remove
			□Change
	·		□ Add
			□Remove
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ffectiv	ve date, if other than the da ctive date is listed, the date must be	te of filing:		(optional)	
an effe ote: I	ctive date is listed, the date must be if the date inserted in this block	specific and cannot be prior does not meet the applications.	to date of filing or more that ble statutory filing rec	nan 90 days after filing.) F Juirements, this date w	ursuant to 605.0207
осите	nt's effective date on the Depa	rtment of State's records.			
record I is file	l specifies a delayed effective da ed.	ite, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
ated_	JANUARY 04	2020			
		(1.2)			
		Mitty	<u></u> -		
	c:~	nature of a mambar or cushe	rized representative of a	member	
	Sig	nature of a member or author	orized representative of a	member	