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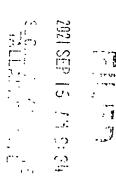
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COVER LETTER

то:	Registration Ser Division of Corp			
CHD H.		HOENIX MENTAL HEALT	TLLC ,	
SUBJE	CI:	Name of Lim	ited Liability Company	
The encl	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		INGRID CRUZ UGUET		
			Name of Person	
		GOLDEN PHOENIX ME	NTAL HEALTH LLC	
			Firm/Company	
		8051 W 24TH AVE		
			Address	
		HIALEAH, FL 33016		
			City/State and Zip Code	207
		admgoldenphoenixmh@go	-	
For fire	har information o	E-mail address: (oncerning this matter, please c	to be used for future annual report notification)	971 SCP 16
				* * ***
INGRIL	CRUZ UGUET		786 353-2324 at ()	
	Name of	f Person	Area Code Daytime Telephone N	Sumber 77 43
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy (ditional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDEN PHOENIX MENTAL HEALTH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Com Florida document number $\frac{L20000331224}{L20000331224}$	pany were filed on 10/27/2020	an	d assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	I liability company here:			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviatio	on "L.L.	c."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u></u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the na</u>	me of th	e înew :	registered
Name of New Registered Agent:				- t
New Registered Office Address:	Enter Florida street address Florida		FF 9: 34	
	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 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>	Name	Address	Type of Action
AMBR	GEHIDY SANCHEZ ALVAREZ	8051 W 24th AVE	\Add
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			\ _Add
			Remove
			☐ Change
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			☐Remove
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			: Change
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			🗖 Add
			□Remove
			□Change

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Filing Fee: \$25.00