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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200000206

Phone : (305)463-6690 Fax Number : (305)463-6693

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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From: Luciano Puentes

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2021-02-02 14:43:00 GMT

Floride Behavio (Same of the Limited Liability Compar (A Florida Limited L	w as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000392336</u>	were filed on 12 21 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabilis	y Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1936 W MLK Blvd Suite 217 Temps, FL 33607
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1936 W MLK Blud: Suite 217 : Tampz, FL 33607
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 1936	W MLK Blvd, Ste 217 Ener Florida strees address
New Registered Agent's Signature, it changing Registered Agent:	Florida 33607 Zip Code

Thereby 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.

From: Luciano Puentes

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

2021-02-02 14:43:00 GMT

AMBR = A	uthorized Member		
Title	Name	Address	Type of Action
AMBR	Carlos A. Cabrere JR	1936 W MLK Blud	🗀 Add
		Suite 217	□Remove
		Temps, FL 33607	🗆 Change
			DAdd
			□Remove
	·		
		□Remove	
		Change	
			□Add
			□Remove
	· '		Change
		Dbdd	
			□Remove
			□Change
	AND THE RESIDENCE OF THE PARTY		🗆 Add
			□Remove

From: Luciano Puentes

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Note: If t	date, if other than the date of filing: (optional) ve 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 0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
f the record specord 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 the
Dated	February 02 2021
	Signature of a member or member sentative of a member CarloS Cabrera Typed or printed name of signee

2021-02-02 14:43.00 GMT