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R. HUNT

COVER LETTER

TO: Registration Se Division of Cor				
CUBUCT		ITAL HEALTH SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability 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:		
	ERASMO	OM GUERRERO FERNANDEZ		
		Name of Person		
		Firm/Company		
		9000 SW 137th AVE Suite 211		
		Address		
		MIAMI, FL 33186		
		City/State and Zip Code		
		to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	all:		
ERASMO M GUERREI	RO FERNANDEZ	786 970-5033 at ()		
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	he 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 (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration S	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, 1			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARCERA M	MENTAL HEALTH SERVICES LLC	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on	nd assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	- EB 2
		22 ch
		- 15 전 14 전
Enter new mailing address, if applicable:		7.
(Mailing address MAY BE A POST OFFICE BOX)		0.7
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of th</u>	ne new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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>	<u>Name</u>	Address	Type of Action
MGR	ERASMO M GUERRERO FERNA	9401 SW 26 ST	□Add
		MIAMI. FL 33165	
			∃ Change
			□∧dd
			□Remove
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F ffootiv	a data if other than the date of filings
Note: 1	tive date, if other than the date of filing:
he record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is file	i.
Dated _	
	Signature of a member or authorized representative of almember
	ERASMO M GUERRERO FERNANDEZ Typed or printed name of signee
	ryped or printed name of signee

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Filing Fee: \$25.00