

7/13/2021

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

L21000019929

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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.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DREAMS BEHAVIORAL SERVICES LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

BB  
7/14/21

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DREAMS BEHAVIORAL SERVICES 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 Company were filed on 01/07/2021 and assigned Florida document number L21000019929.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

201 Bonnie Blvd

Apt 126

Palm Spring, FL 33461

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

201 Bonnie Blvd

Apt 126

Palm Spring, FL 33461

**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:

201 Bonnie Blvd, Apt 126

*Enter Florida street address*

Palm Spring

, Florida 33461

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 Changing Registered Agent, Signature of New Registered Agent



**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated July 13 2021

Signature of a member or authorized representative of a member

Yurima Giu Zaldivar

Typed or printed name of signee

**Filing Fee: \$25.00**