

12/6/22, 3:28 PM

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 : I20200000206  
Phone : (305)463-6690  
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DREAMS BEHAVIORAL SERVICES LLC

Certificate of Status	0
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C. BRUMBLEY

DEC - 7 2022

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# 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)

1555 Bonaventure Blvd

Suite 1024

Weston, FL 33326

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1555 Bonaventure Blvd

Suite 1024

Weston, FL 33326

**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:

1555 Bonaventure Blvd, Suite 1024

*Enter Florida street address*

Weston

*City*

Florida 33326

*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**

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 TALLAHASSEE, FL

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

[illegible]**Filing Fee: \$25.00**