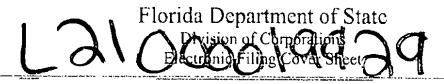
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 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	U
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Page Count	01
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C. BRUMBLEY

DEU - 7 2022

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DREAMS BEHAVIORAL SERVI	CES LLC			
(Name of the Limit	ed Liability Comp. (A Fiorida Limited	any as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited Li	ability Company	were filed on 01/07/2021	and assign	ned
Florida document number L21000019929				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited lial	oility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designation	"LLC" or the abbreviation "L.L.C	77.74
Enter new principal offices address, if applies	abte:	1555 Bonaventure Blvd	20 22	
(Principal office address MUST BE A STREE	T ADDRESS)	Suite 1024	22 D	
		Weston, FL 33326	, C	
Enter new mailing address, if applicable:		1555 Bonaventure Blvd	-6 AH -6 AH -6 SE	П
(Mailing address MAY BE A POST OFFICE I	BOX)	Suite 1024		O
		Weston, FL 33326	29 LUE	
B. If amending the registered agent and/or reagent and/or the new registered office addres Name of New Registered Agent:		address on our records, <u>e</u>	nter the name of the new r	egistered
N D . issued Office Address	1555 Bonavent	ure Blvd, Suite 1024		
New Registered Office Address:		Enter Florida street a	ddress	
	Weston		_, Florida <u>33326</u>	
		City	Zip Code	
Now Designated Assetts Constant if shouling D	unletared Sugar	•		

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:

2022-12-06 20:41:12 GMT

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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ffective date, if other than the	date of filing: (optional)
an effective date is listed, the date most ote: If the date inserted in this blo	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,02 ock does not meet the applicable statutory filing requirements, this date will not be listed
ocument's effective date on the De	epartment of State's records.
record specifies a delayed effective	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
is med.	
December 06	2022
ated	The second secon
	Signature of a meniber or anthorized representative of a member
Yurima Giu Zaldiyar	
,, ()/// 150/01/41	Typed or printed name of signee