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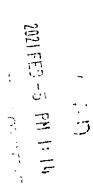
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

| ALEGRIA | COMMUNITY MENTAL HE | ALTH 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: | |
| | GLENDA BETANCOUR | т | |
| | | Name of Person | |
| | | Firm/Company | |
| | 2500 NW 79TH AVE STE | 3 269 | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | DORAL, FL 33122 | | |
| | | City/State and Zip Code | |
| | info@alegriacmh.com | to be used for future annual report not | theation |
| For further information o | concerning this matter, please c | · | |
| Glenda Betancourt | | 786 797-3791 | |
| Name of Person | | | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address | | Street Address: | ection |
| Registration S Division of C | | Registration Se Division of Co | |
| P.O. Box 632 | - | The Centre of | - |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEGRIA COMMUNITY MENTAL HEALTH 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 L. Florida document number L21000026288 | iability Company | were filed on JANUARY 11, 2021 | and assigned | | |
|---|--------------------------|--|-------------------------|--|--|
| This amendment is submitted to amend the following | owing: | | | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the designation "LLC" or the ab | breviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | 2500 NW 79TH AVE | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | STE 269 | | | |
| | | DORAL, FL 33122. USA | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | 2500 NW 79TH AVE STE 269 | | | |
| | | DORAL, FL 33122. USA | | | |
| B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent: | | | e of the new registered | | |
| New Registered Office Address: | 2500 NW 79TI | H AVE STE 269 | 10 | | |
| new registrica Office Address. | | Enter Florida street address | 3 3 3 | | |
| | DORAL | , Florida ³³ | 122 | | |
| | | City | Zip Code | | |
| ew Registered Agent's Signature, if changing I | <u>cegistered Agent;</u> | | | | |

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If Changing Begistered Agent, Signature of New Registered Agent

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 |
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| is filed. | ed effective date, but not an | effective time, at | 12:01 a.m. on the earlie | r of: (b) The 90th day a | ifter the |
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| JANUARY 29 | Signature of a men | Ma | apparentative of a member | - | |

Filing Fee: \$25.00