Division of Corporations

Florida Department of State Division of Corporation Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema11	Address:	 			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALEGRIA COMMUNITY MENTAL HEALTH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALEGRIA COMMUNITY MENTAL HEALTH, LLC

(Name of the Limite	d Liability Company as it now appears on o A Florida Limited Liability Company)	प्र records)
,	A Florida Cumico Liaothry Company)	7.5 %
The Articles of Organization for this Limited Lia	bility Company were filed on 61/11/20	21 and assigned
Florida document number L21000026288		
This amendment is submitted to amend the follow	wing:	Service H
A. If amending name, enter the new name of	the limited liability company here:	F. C. 9. 0
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designat	icn. "LLC" or the abbreviation LL.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address	dstered office address on our records here:	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	ti address
		, Florida
	Clay	Ziţ, 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

Title	Name	<u>Address</u>	Type of Action
MGR	FERNANDO RINCON	2500 NW 79TH AVE STE 269	() Add
		DORAL, FL 33122	
		USA	
			□Remove
			□ Change
	4004		
			CRemove
			
			bbAdd
			Romove
			Change
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N/A		
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urneat's effective date on the D	date of filing: the specific and cannot be prior to date of filing or mock does not meet the applicable statutory filing artment of State's records.	g requirements, this date will not be listed
JULY 13th	2021	
ed	·	

Filing Fce: \$25.00