

10/10/22, 10:53 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H22000346949 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCTSMART INC D.B.A. AVILAS ACCOUNTING SERVICES
Account Number : 120180000072
Phone : (305)407-2030
Fax Number : (305)407-1370

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
BRIGHT MENTAL THERAPY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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2022 OCT 10 AM 11:37

2022 OCT 10 PM 4:08
FILED
STATE OF FLORIDA
TALLAHASSEE (HARD)

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

OCT 11 2022

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BRIGHT MENTAL THERAPY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/19/2021 and assigned
Florida document number L21000037376

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)

2300 W 84TH ST, SUITE 402

HIALEAH, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2300 W 84TH ST, SUITE 402

HIALEAH, FL 33016

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:

ANNAKARELY C GONZALEZ LABARCA

New Registered Office Address:

2300 W 84TH ST, SUITE 402

Enter Florida street address

HIALEAH

City

Florida 33016

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

H220003469493

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GAMEZ, DELIO	15600 SW 288TH ST STE 407	<input type="checkbox"/> Add
		HOMESTEAD, FL 33033	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Romero, Kleinnys	15600 SW 288TH ST STE 407	<input type="checkbox"/> Add
		HOMESTEAD, FL 33033	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	GONZALEZ LABARCA, ANNAKARELY	2300 W 84TH ST, SUITE 402	<input checked="" type="checkbox"/> Add
		HIALEAH, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF COURT
JULIA A. HARRIS

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

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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

Oct 10, 2022

Signature of a member or authorized representative of a member:

ANNAKARELY C GONZALEZ LABARCA

Typed or printed name of signee

477-0003469493