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PICK-UP WAIT MAIL
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22 FCD -9 F3 3: 16

T. MATTHEWS FEB 14 2022

COVER LETTER

TO: Registration Sec Division of Corp		
Family Beha	avioral Solutions LLC	•
SUBJECT:	Name of Limi	ted Liability Company
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.
Please return all correspo	ndence concerning this matter	to the following:
	Maria ALejandra Lanzas	
		Name of Person
	Family Behavioral Solution	ns LLC
		Firm/Company
	10324 sw 103 st	
		Address
	Miami Fl. 33186	
		City/State and Zip Code
	alejandra@familybsolutions	to be used for future annual report notification)
For further information co	oncerning this matter, please ca	
Maria Alejandra Lanzas		786 3624128 at ()
Name o	f Person	at () Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section
Division of C		Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FF7 - 9 FH 3: 18

(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li lorida document number L21000045802	ability Company were filed on 01/25/2021 and assigne
Torida document number	·
his amendment is submitted to amend the follo	owing:
. If amending name, enter the new name of	the limited liability company here:
ne new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	able:
Principal office address MUST BE A STREE	T ADDRESS)
nter new mailing address, if applicable:	
., .,	
., .,	07117
Mailing address MAY BE A POST OFFICE I	BOX)
Aailing address MAY BE A POST OFFICE I	egistered office address on our records, enter the name of the new reg
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE I</u> . If amending the registered agent and/or regent and/or the new registered office addres	egistered office address on our records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE I	egistered office address on our records, enter the name of the new reg
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Auiling address MAY BE A POST OFFICE I	egistered office address on our records, enter the name of the new reg
Auiling address MAY BE A POST OFFICE In the August	egistered office address on our records, enter the name of the new res

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Maria Alejandra Lopez		
		10324 sw 139 pl Miami FL, 33186	≣Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
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			□Add
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Maria Alejandra Lanzas	Dated	Signature of a member or authorized representative of a member	
₹	Maria Ale	jandra Lanzas	

Filing Fee: \$25.00