

9/26/23, 10:40 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L21000100482

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

From: Account Name : MEDICAL BILLING CONSULTANTS, INC.
Account Number : 12020000206
Phone : (305)463-6690
Fax Number : (305)463-6690

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

Email Address: Maria.Londono@brighterminds.Healthcare

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BRIGHTER MINDS THERAPY LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMFUX

Help

SEP 27 2023

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Brighter Minds Therapy 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 Liability Company were filed on 03/02/2021 and assigned Florida document number L21000100482

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

MGR = Manager
AMBR = Authorized Member

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Dated September 26, 2023

Signature of a member or authorized representative of a member

Maria T. Londono

Typed or printed name of signer

Filing Fee: \$25.00