

10/27/21, 10:40 AM

Division of Corporations

21000109166

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000399360 3)))



H210003993603ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : MEDICAL BILLING CONSULTANTS, INC.
Account Number : I2020000206
Phone : (305)463-6690
Fax Number : (305)463-6693

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

Email Address: Unitedfamily ADA@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
UNITED FAMILY BEHAVIORAL THERAPY, LLC

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

2021 OCT 27 PM 1:07

FILED
TALLAHASSEE, FLORIDA

FILED
TALLAHASSEE, FLORIDA

2021 OCT 27 AM 11:22

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United Family Behavior 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 03/08/2021 and assigned Florida document number L21000109166

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 "L.L.C." 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:

Alejandro Vega Soto

New Registered Office Address:

500 Bay View Dr, Apt 1019

Enter Florida street address

Sunny Isles Beach

Florida 33160

City

Zip Code

FILED OCT 27 AM 11:22 HASSLER, FLORIDA MAIL

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

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	Julio C. Lugo	1012 Indian Trace Cir, # 104	<input type="checkbox"/> Add
		Riviera Beach, FL 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alejandro Vega Soto	500 Bay View Dr, Apt 1019	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach, FL 33160	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

