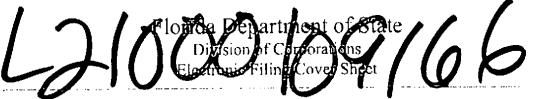
3/22/22, 2.07 PM

Division of Corporations



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.

(((H220001061973)))



H220001061973ABC

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 : 120200000206 : (365)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.

Care i l	4-4-4-0			

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

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

Electronic Filing Menu Corporate Filing FMIEUX MAR 23 2022

Help

1/1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAR 22 AM 10: 37 SE Une LANY OF STATE TALLAHASSEE, FLORIDA

UNITED FAMILY BEHAVIORAL THERAI		20 CELL PLURIDA
(Name of the Limited Liabilit (A Florida	v Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/08/202	and assigned
lorida document number 1.21000109166		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4	
Principal office address MUST BE A STREET ADDR	ESS)	
	and all the laws of the state to proper to the state of t	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX1		
Stating dates from 1921, 1 (80) Of the Bong		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered	l office address on our records	enter the name of the new regist
agent and/or the new registered office address here:		
Name of New Registered Agent:		
yante of Act Regulation		
New Registered Office Address:	Enter Florida stre	t aidress
		Florida
	Cin:	, Florida

New Registered Agent's Signature, if changing Registered Agent:

Page: 3 of 5

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.

From: Luciano Puent

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

Page 4 of 5

<u>Title</u>	Name	Address	Type of Action
MGR	DAGMARIS MOLINA LOPEZ	1012 INDIAN TRACE CIR	
		#104	- ■ Remove
		RIVIERA BEACH, FL 33407	
ala kilikuwa prosporotywa 19	***		
			_
			☐ Change
			⊒Add
	•••		☐Remove
			\(\text{\textit{Change}}\)
			DRemove
			□Add
			☐ Remove
			☐ Change
		A CONTRACTOR OF THE PROPERTY O	
			□Remove

Page: 5 of 5

		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
******		30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
and the second s		
Note: If the date inserted	than the date of filing:	onal) r filing.) Pursuant to 605,020; is date will not be listed as
record specifies a delayed is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (t	o) The 90th day after the
03/22	2022	
Pated	. 2022	
	Signature of a member of anthorized representative of a member	and the state of t
	<b>r</b>	