

4/27/2021



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.

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : IMPROVED REVENUE SERVICE INC
Account Number : I20190000119
Phone : (786)552-2905
Fax Number : (786)733-1744

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

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ANTARES MENTAL HEALTH GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

R. WHITE
APR 29 2021

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H21000168816 3)))

ANTARES MENTAL HEALTH GROUP 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 03/22/2021 and assigned Florida document number L21000119415.

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 "LLC."

Enter new principal offices address, if applicable:

7769 NW 48TH ST STE 330

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33166

Enter new mailing address, if applicable:

7769 NW 48TH ST STE 330

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33166

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:

JOSE A ESPALTER GONZALEZ

New Registered Office Address:

7769 NW 48TH ST STE 330

Enter Florida street address

DORAL

Florida

33166

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

((H21000168816 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H21000168816 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change

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