4/9/2021

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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000206 Phone : (305)463-6690 : (305)463-6693 Fax Number

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

Email Address: ___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOMO BEHAVIOR THERAPY LLC

Certificate of Status	0
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APR 15 2921

M. SOLOMON

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Lomo Behavior Therapy LLC		
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	2021	
	The Articles of Organization for this Limited Liability Company were filed on 04 01 2021 and assigned and assigned the following: A. If amending name, enter the new name of the limited liability company here:	2021 APE 14 AN 10: 38	
	The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I	L.C."	
	Enter new principal offices address, if applicable: Galoriela Montano Dia	<u>د</u>	
	(Principal office address MUST BE A STREET ADDRESS) 2240 Palm Beach Lakes Bl.		200
	West Palm Beach, FL 334	409	
	Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) West Palm Beach, PL 334		he 200
ļ	B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:	register	<u>red</u>
	Name of New Registered Agent: 62briela Hontano Diaz		
1	Name of New Registered Agent: 62briela Hontano Diaz New Registered Office Address: 2240 Palm Beach Lakes Blud, Ste	200	
1	West Palm Beach Florida 33409 City Zip Code	<u> </u>	
	New Registered Agent's Signature, if changing Registered Agent:		
		al	

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

ī	***************************************					
; 	If amending a	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 = Ma AMBR = Au	nager thorized Member				
	<u>Title</u>	Name	Address	Type of Action		
	HGR	Omer Lopez	2240 Palm Bezeln Lakes Blud	_ 🗆 Add		
	1		stc 200	Remove		
	I		West Palm Beach, FL 33409	_ Change		
	MGR	Gebriele Horteno Diaz	2240 Palm Beach Laves Blud	_XAdd		
			Ste 200	Remove		
	1		West Palm Beach, FL 33409	_ □Change		
	·			_ DAdd		
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				_ □Remove		
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To:	185061	76383

'Page:7 of 7

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From: Luciano Puentes

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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		2021_
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f an effe Note:	the date, if other than the date of filing:	suant to 605.020 not be listed a
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90i ed.	th day after th
Pated _		
	Signature of a memberos mulhorized representative of a member	
	Gabriela Montano Diaz Typed or printed name of signee	1

Filing Fee: \$25.00