Division of Corporations 8/31/2021

> 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)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200000206 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:_

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

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

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

(A Florida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company were filed on 04/01/2021 Florida document number L21000135842		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:	2021	
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)		
	રું <u>છે</u> ⊶	
Enter new mailing address, if applicable:	······	
Mailing address MAY BE A POST OFFICE BOX)		
I. If amending the registered agent and/or registered office address on our records, englished and/or the new registered office address here:	nter the name of the new registe	
Lette de de la		
Name of New Registered Agent:		
	ddress	
Name of New Registered Agent: New Registered Office Address: Enter Florida street de	ddress . Florida Zp Code	

Page: 3 of 5

LOMO BEHAVIOR THERAPY LLC

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.

To: +18506176383

Page: 4 of 5

2021-08-31 19:19:09 GMT

13054636693

From: Luciano Puentes

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

Title	<u>Name</u>	Address	Type of Action
MGR	Madeien Montano Silva	2240 Palm Beach Lakes Blvd	≅ Add
	•	Suite 200	□Remove
		West Palm Beach, FL 33409	□Change
			
		· · · · · · · · · · · · · · · · · · ·	□Remove
		 	
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			□Change

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fective date, if other than the da in effective date is listed, the date must be	ite of filing: e specific and cannot be pr	ior to date of filing	or more than 90 days)ptional) after filing.) Pursuant (to 605.01
ote: If the date inserted in this block cument's effective date on the Depa	k does not meet the app	licable statutory	filing requirements	, this date will not b	e listed
ccord specifies a delayed effective di is filed.	ate, but not an effective	time, at £2:01 a	i.m. on the earlier o	f: (b) The 90th day	/ अप्तिहा ()
A	2021				
ted August 31)		
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