9/13/21, 11:08 AM

Division of Corporations

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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 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	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOMO BEHAVIOR THERAPY LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our record imited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Cor	npany were filed on 04/01/2021	and assigned
Florida document number 1.21000135842	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	SS)	
		100 E
		· Cr
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		-, -
		5
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Floridu street uddress	
•	, Flo	
·	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 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	Name	Address	Type of Action
MGR	Orlando Rodriguez Mena	9015 SW 202 TER	□Add
		Cutler Bay, FL 33189	□ Change
	· .		
			□Remove
			□Change
			□Add
•			□Remove
	·		□Change
			□Add
			Remove
			Change
<u> </u>			□Add
			□Remove
	· .		Change
			□Add
	•		□Remove
			C) C1

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Typed or printed name of signee