121000336202

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SECRETARY OF STATE
TALLAHAS SEE, FI

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YAMILET C TORRES R	ODRIGUEZ	
		Name of Herson	
		Firm/Company	
	3919 VICTORIA DR		
		Address	
	WEST PALM BEACH/FL	./33406	
		City/State and Zip Code	
	E-mail address; (to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	•	
YAMILET C TORRES	RODRIGUEZ	610 5637497 at()	
Name of Person			me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration Se Division of Co The Centre of 7	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YTR BEHAVIORAL ASSOCIATES LLC				
(Name of the Limited Liability Compa (A Florida Limited)	ony as it now appears on our records.) Liability Company)			_
The Articles of Organization for this Limited Liability Company Florida document number L21000336202	were filed on 07/23/2021		and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ollity company here:			
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" o	r the abbi	reviation	"L.L.C."
		FR	SEP	T
Enter πew mailing address, if applicable:	3919 VICTORIA DR	ARY OF	-Ω -≱	m
Mailing address MAY BE A POST OFFICE BOX)	WEST PALM BEACH FL 33406	S.L.		
			-	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name	of the	new regist
New Registered Office Address:	Enter Florida street address			 _

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

F

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
			□Add
			□ Remove
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ffecti	ve date, if other than the date of filing: (optional)
an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
ocum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is fil	ed.
	00 GENTEMBER 3031
ated	09 SEPTEMBER 2021
	$\mathcal{O}(\mathcal{A})$
	- Ithraced .
	Signature of a monthly authorized concessnative of a member
	Signature of a member or authorized representative of a member