L21000421317

(Requestor's Name)
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PICK-UP WAIT MAIL
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02/02/22--01009-~907

COVER LETTER

Division of Cor	porations	v 19	
subject: <u>Beh</u>	XUNCYAL HEATH MY. Name of Lim	untrace Organizacited Liability Company	him.llc
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
	2500 Quantum	LAKA DY, # 105.	
	Brynton Beau	City/State and Zip Code	
	Valvena (c Estant address: (i	Chlycell Com to be used for future annual report notif	ication)
For further information e	oncerning this matter, please ca	ıll:	
Bianca Cicrena		561 704-9558	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF QRGANIZATION OF

FILED

Benaviara Heath mantagance Cramization, separation of Color

tA Florid	a Limited Liability Company	o melli	VIASSEE, FI
The Articles of Organization for this Limited Liability (Company were filed on _	9/17/2021	and assigned
Florida document number <u>L21000421317</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our	records, <u>enter the na</u>	ame of the new regist
New Registered Office Address:			
	Enter F	lorīda stīvet address	
		Florida	Zip Codo
	City		Zip Code
New Registered Agent's Signature, if changing Registere	d 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			[DClange
			Chadd
			□Remove
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			Remove
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			ПСБата

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. Precord 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 distilled. Dated January 26 Signature of a member or authorized representative of a member	other than the date of filing: Oliza/2022 (optional) listed, the date must be specific and cannot be prior to date of filing or nove than 90 days after filing.) Pursuant to 605.0207 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as we date on the Department of State's records.
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Kevin Choi	Choi

02/28/2022

To Whom It May Concern:

Please see the attached change notification. REF# L21000421317

AD. DMA.

We are not adding authorized person to this entity. We simply would like to change the name from BEHAVIORAL HEALTH MAINTENANCE ORGANIZATION, LLC to CARELINK, LLC.

Thank you for your time.

Respectfully,

Bianca Gerena, PhD., DHA

Chief Administration Officer



RECEIVED

2022 MAR -7 PM 12: 20

FLORIDA DEPARTMENT OF STATE Division of Corporations

ECRETALLY SEE, FL

February 14, 2022

BIANCA GERENA 2500 QUANTUM LAKES DR. #105 BOYNTON BEACH, FL 33426

SUBJECT: BEHAVIORAL HEALTH MAINTENANCE ORGANIZATION, LLC

Ref. Number: L21000421317

We have received your document for BEHAVIORAL HEALTH MAINTENANCE ORGANIZATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

WHO ARE TWO AUTHORIZED PERSONS ADDING TO YOUR ENTITY?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 422A00003632