121000452078

(Re	equestor's Name)
(Ac	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number	')
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only



800375392878

10/25/21--01033--003 **25.00



A. BUTLER NOV 05 2021

COVER LETTER

TO:				
	RA BEHAV	/IORAL SERICVES, LLC	•	•
SUBJI	ECT:	Numa of Line	in I inhility Company	· •
		Name of Lim	ned Daorny Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		RAYMELIS ACOSTA		
			Name of Person	
		RA BEHAVIORAL SERV	ICES, LLC	
			Firm/Company	
		1675 W 42 ST APT 102		
			Address	
		HIALEAH, FL 33012		
		RAYMELIS.A29@GMAIL	City/State and Zip Code .COM	
	Division of Corporations RA BEHAVIORAL SERICVES LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: RAYMELIS ACOSTA Name of Person RA BEHAVIORAL SERVICES, LLC Firm/Company 1675 W 42 ST APT 102 Address HIALEAH, FL.33012 City/State and Zip Code RAYMELIS A29@GMAHCOM E-nearl address (to be used for future annual report notification) are further information concerning this matter, please call: RAYMELIS ACOSTA Triangle ST8 - 3643 At Company Name of Person Area Code Daytine Telephone Number melosed is a check for the following amount: \$\Pi\$ \$255.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)			
For fur	ther information o	oncerning this matter, please ca	ill:	
RAYN	IELIS ACOSTA		786 578 - 3643	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Englas	ad is a shoot for th	sa falla viinu punavuti		
		u u	_	<u></u>
= \$2	5.00 Filing Fee		Certified Copy	Certificate of Status &
	Mailing Addres		Street Address:	agtion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RA BEHAVIORAL SERVICES, LLC



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 20/10/10/10/10/20 Aif [1: 2] This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.I.C." or the abbreviation "L.I. C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 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

______ Florida ____

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
AMBR	RAYMELIS ACOSTA	1675 W 42 ST APT 102, HIALEAH, FL 33012	= Add
			□Remove
			□Change
	·····		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

_		
_		
_		
		<u>—</u>
		_
_		
_		_
_		
_		
_		
_		
_		
-		
_		
_		
Note:	ate, if other than the date of filing:	605.0207 (listed as t
e record	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter the
	OBER 21 2021	
	······································	
	Partalo	
	Signature of Linember or authorized representative of a member	

Filing Fee: \$25.00