## LZ1000480134

(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Susmess Enary Name)	
(Document Number)	
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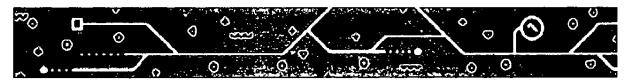
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T. MATTHEWS

JAN 31 2022



## zenbusiness

Jan 19, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Next Level Psychiatric Care LLC

To Whom It May Concern:

Attached please find the executed <u>CERTIFICATE OF AMENDMENT</u>, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 5511 Parkerest Dr., Suite 103 Austin Tx 78731

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you,

Kelly Castro ZenBusiness Customer Success

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 ... 25 | F1112: 25

Next Level Psychiatric Care LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on 11/05/2021	and assigned
Florida document number 1.21000480134		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- <del></del>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, ente	r the name of the new registered
N D : 100 AH		
New Registered Office Address:	Enter Florida street addre	PSS
	, <b>F</b>	Norida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, a provided for in Chapter 605,	md I am familiar with and , F.S. Or, if this document is

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
MGRM	Mariam Varghese	5535 CARLISLE AVE	□Add
		MISSOURI CITY, TX 77459	■Remove
			□Change
			□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date mutote: If the date inserted in this bocument's effective date on the E	st be specific and cannot be pr lock does not meet the app	rior to date of filing or mo dicable statutory filing		
record specifies a delayed effective is filed.	re date, but not an effective	e time, at 12:01 a.m. o	n the earlier of: (b) The 90th (	day after the
	2022			
January 19 ated	•			
ated	These Signature of a member or a			

Filing Fee: \$25.00