11/11/22, 12:13 PM

Division of Corporations

Florida Department of State Division of Curputations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200000206 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 LARRUA BEHAVIOR SERVICES LLC

Certificate of Status	1
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Page Count	01
Estimated Charge	\$25.00

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NOV 1 5 2022

1/1

From: Luciano Puentes

From: Luciano Puentes

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARRUA BEHAVIOR SERVICE				
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our records.) Inhibity Company)		
The Articles of Organization for this Limited L		were filed on 01/07/2022	and assigned	
Florida document number L22000017015	· · · · · · · · · · · · · · · · · · ·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
·				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		12484 NW South River Dr		
(Principal office address MUST BE A STREET ADDRESS)		Suite 5B		
		Medley, FL 33178		
		12484 NW South River Dr		
Enter new mailing address, if applicable:	· PANA	Suite 5B		
(Mailing address MAY BE A POST OFFICE	<u> </u>	Medley, Fl. 33178		
		A COMMENSATION OF SECURITION O		
B. If amending the registered agent and/or agent and/or the new registered office address.		uddress on our records, enter the	name of the new register	
Name of New Registered Agent:				
New Registered Office Address:	12484 NW South River Dr. Suite 3B			
		Enter Florida street address		
	Medley	, Florid	a 331.78 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	•	6	

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.

To: Page: 4 of 5 2022-11-11 17:27 55 GMT 13054636693 From: Luciano Puentes

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>	Name	Address	Type of Action
			□Add
			☐Remove
			Change
			□Add
]Remove
			□Change
		wante beginning to the later than the speciment of the first of the speciment of the specim	□Add
			□Remove
			Change
			IRemove
			□Change
			DAdd
]:Change
			DAC
		□Change	

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A		
Effective date, if other than the (date of filing: (optional)	
If an effective date is listed, the date must	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	0207
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be liste enartment of State's records.	d as '
e record specifies a delayed effective	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ord is filed.		
M Sec. (1	2022	
Dated	2022	
	7	
	Signature of a member or authorized representative of a member	
Fernando Oscar Larrua C		
managed wheel yet the a managed and a second of the first the first	Typed or printed name of signee	