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(Requestor's Name)
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2022 MAY 13 AH 9: 39
SECRETARY OF STATE

SUBJECT:	Alpine Behovi	orul Houlth Car	C LLC	
	tvanic or izan	med islability company	,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	Reference of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:    Temp   M   Pa   K   Name of Person			
	·			
	Je	ong m Pak		
		Name of Person		
		21 Biscoyne Blud Address	Unit 1504	
	M.,	m: FL 33/3	7	
	N Pk	(im 660 g mail. c	ON1	
For further information of	· ·		(Treaton)	
<b>5</b> . /	·		100	
Name of Person		Area Code Daytime Telephone Number		
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy	
Registration S	Section	Registration Se		
P.O. Box 632	2.7	The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Registration Section
Division of Corporations

TO:

INTICUES OF AMERICA

## TO ARTICLES OF ORGANIZATION OF

FILED

Alpine Behaviores H	ras it now appears on our records.) 2022 MAY 13 AH 9: 3 ability Company)		
(Name of the Limited Liability Company (A Florida Limited Lia	ns it now appears on our records.) LULL TIME TO AM 9: 3		
The Articles of Organization for this Limited Liability Company we Florida document number	SECRETARY OF STATE OF		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	No change		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	No Change		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new register		
agent and/or the new registered office address here:			
Name of New Registered Agent:	No Change		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Note:	tive date, if other than the date of filing: May 21, 2022 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put the date inserted in this block does not meet the applicable statutory filing requirements, this date will it's effective date on the Department of State's records.	irsuant to 60 If not be lis	05,0207 sted as
e recor rd is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 I.	0th day afte	er the
	May 4 2022.		
Dated			
Dated	Signapare of a member or authorized representative of a member	<del>_</del>	