L22000375907

	(Requestor's Name)
	(Addana)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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	(Business Entity Name)
	(Document Number)
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Certified Copies	Certificates of Status
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2022 OCT 11 PH 2: 13

2022 OCT 11 AM 8: 54 SECRETARY OF SIGN

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

	₩WAIK IN₩
Health of the Palm Beaches, LLC	WALK IIV
PLEASE FILE THE ATTACHED AND RETURN	
Plain Copy	
Certified Copy	
Certificate of Status	
ASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
Certified Copy of Arts & Amendments	
Certificate of Good Standing	
APOSTILLE' / NOTARIAL CERTIFICATION	
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S REQUESTED	
ACCOUNT #: I20160000072	
	Plain Copy Certificate of Status EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARHAL CERTIFICATION** SS REQUESTED

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Behavioral Health of the Palm Beaches, LLC

2022 OCT 11 AM 8: 54

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.).				
(**************************************	Liability Company) JALLAHASSEE, FL 08/29/2022				
The Articles of Organization for this Limited Liability Company	were filed on 08/29/2022 and assigned				
Florida document number L22000375907					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	106 Blossom Lane				
(Principal office address MUST BE A STREET ADDRESS)	Palm Beach Shores, FL 33404				
Enter new mailing address, if applicable:	225 N Federal Hwy 8th Floor Suite 808				
(Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach, Florida 33062				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Enter Florida street address				
	Pl 11				
	, Florida				
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code				

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 7EFDDF09-4424-4B07-8A1D-83F16BC7AF3F 11 amending Authorized rerson(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

Type of Action
Remove
Change
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(If an effec	tive date is listed, the date materials the date inserted in this	ust be specific and	cannot be prior t	to date of filing o	r more than 90 da Iing requiremer	ys after filing	g.) Pursu 2 will no	ant to 6 ot be li	05.020 sted a
	it's effective date on the				8 11				
	rd specifies a delay		late, but not	an effectiv	e time, at 12	:01 a.m.	on th	e ear	lier c
) The 9	Oth day after the re	cord is filed.							
			2022						
	October 11	,	2022	·					
Dated _									
Dated _	DocuSigned by:								
Dated _	Scan Minty	Signature	nombor as nutha	rived representat	ive of a member			 -	

Page 3 of 3

Filing Fee: \$25.00