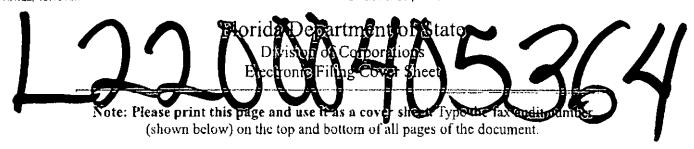
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : I20200000205 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 SMALL WORLD BEHAVIORAL SERVICES LLC

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M. SOLOMON

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Help

From: Luciano Puentes

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SMALL WORLD BEHAVIORAL SERVICES LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.) ny)
he Articles of Organization for this Limited Liability Company were filed on	09/19/2022 and assigned
Iorida document number L22000405364	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company	v here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	;··
rincipal office address MUST BE A STREET ADDRESS <sub>I</sub>	
	4추 -
iter new mailing address, if applicable:	
•	52 C
	:: <b>C</b>
If amending the registered agent and/or registered office address on outent and/or the new registered office address here:  Name of New Registered Agent:	er records, enter the name of the new registe
Maine of frew Registered Agent.	
New Registered Office Address:	Flerida street a himo
	Florida street address , Florida

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.

MGR = Manager AMBR = Authorized Member

Ta:

Title	Name	Address	Type of Action
AMBR	Alexander Azoy	11757 SW 238 ST	□∧dd
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		Homestead, FL 33032	☐ Change
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E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	date of filing:  (c) be specific and cannot be prior to date of filing or more than 90 days seek does not meet the applicable statutory filing requirements epartment of State's records.	optional) after filing.) Pursuant to 605.0207 (3)(b) , this date will not be listed as the
If the record specifies a delayed effective record is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Dated November 07		
	Signs the of a member or authorized representative of a member	
Rosalba Hernandez	(	
	Typed or printed name of signee	- Transfer