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# **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Sec Division of Corp			••			
SUBJEC	BEHAVIOR	R SOLUTION AND CLINICA	NL MANAGEMENTILIC	<b>16</b> 70			
	·	Name of Limited Liability Company					
The enclo	sed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please ret	um all correspor	ndence concerning this matter	to the following:				
		Registration Section Divis	ion of Corporations				
			Name of Person		<del></del> -		
			Firm/Company	·			
		2415 N. Monroe Street, Sui	ite 810				
			Address				
		Tallahassee, FL 32303			· · · · · ·		
		lumeyerisj@gmail.com	City/State and Zip Code		—		
		E-mail address: (	to be used for future annual repo	ort notification)	1 - 1		
For furthe	r information co	ncerning this matter, please ca	all:				
Suarez Va	zquez, Lumey			7-7476			
	Name of	Person	at () Area Code	Daytime Telephone Numb	<u></u>		
Enclosed i	s a check for the	following amount:					
■ \$25.00	() Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certific	Filing Fee, cate of Status & ed Copy ral copy is enclosed)		
	failing Address:		Street Addre				
Registration Section Division of Corporations			Registratio Division of	n Section f Corporations			
	O. Box 6327			of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### BEHAVIOR SOLUTION AND CLINICAL MANAGEMENTLLC

(Name of the Lin	(A Florida Limited I	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Florida document number L23000144121	Liability Company	were filed on Mar	reh 21,2023	_ and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the des	ignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appl	icable:	<del></del>	<u>-</u> -	
(Principal office address MUST BE A STRE	ET ADDRESS)	6840 SW 10th Ct	Pembroke Pines, Fl 330.	23
			, <u>.</u> 	분명
Enter new mailing address, if applicable:			<u> </u>	1
(Mailing address MAY BE A POST OFFICE	<u>Ε ΒΟΧ)</u>			£
				<del></del>
B. If amending the registered agent and/or agent and/or the new registered office addr  Name of New Registered Agent:	registered office a ess here: Suarez Vazquez		ords, <u>enter the name o</u>	f the new register
Name of New Registered Agent:	The state of Lame y			
New Registered Office Address:	6840 SW 10th C			
			a street address	
	Pembroke Pines	<u>-</u>	, Florida <u>33023</u>	
		City		Zip Code

### 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.

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
MGR	Suarez Vazquez, Lumey	6840 SW 10th Ct Pembroke Pines Fl 33023	<b>=</b> Add
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ective date, if other the effective date is listed, the te: If the date inserted incument's effective date of	date must be specific and this block does not n	l cannot be prior to dat neet the applicable :	e of filing or more than 90 statutory filing require	(optional) ) days after filing.) Pursments, this date will	suant to 605.02 not be listed
cord specifies a delayed s filed.	effective date, but not	an effective time, a	t 12:01 a.m. on the ear	lier of: (b) The 90t	h day after t
March, 21, 2023					
		8/1/	representative of a memi		

Filing Fee: \$25.00