Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : POMARES ACCOUNTING SOLUTIONS

Account Number : I20190000243 Phone : (786)314-1371 Fax Number : (786)228-0049

**Enter the email address for this business entity to be used for future

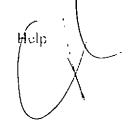
annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POMARES MELTAL HEALTH LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Se Division of Cor				
	S MELTAL HEALTH, LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	IVON POMARES	\$		
		Name of Person		20
	POMARES ACCO	DUNTING SOLUTIONS, LLC		230
		Firm/Company		9 .
	3425 NW 14TH S	T		一2 4
		Address		
	MIAMI, FL 3312:	5		2023 OCT -2 AM 9: 24
		City/State and Zip Code		F
	-	HOTMAIL.COM		
		to be used for future annual report not	dication)	
For further information of	concerning this matter, please of	all:		
IVON POMARES		786 314-1371 at()		
Name (of Person	Area Code Daytin	ne Telephone Number	_
Enclosed is a check for t	the following amount:			
■ \$25 00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is unclosed)	© \$60.00 Filing I Certificate of Certified Cop- cadditional copy i	Status & Y
Mailing Addre Registration	Section	Street Address: Registration Se		
Division of C	Torporations	Division of Co The Course of		

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tullahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Liability Company) The Articles of Organization for this Limited Liability Company were filed on	POMARES MELTAL HEALTH ; LE	LC			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: POMARES MENTAL HEALTH, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "ECC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address un our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Floride street address.	(Name of the Limited Liabili (A Florda	ity Company as it now appears on a Limited Liability Company)	our records.)		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: POMARES MENTAL HEALTH, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "EGC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address.		Company were filed on _08/21/	2023	and assigne	d
A. If amending name, enter the new name of the limited liability company here: POMARES MENTAL HEALTH, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "ELC" or the abbieviation "ECC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida stress address.	Florida document number	'			
POMARES MENTAL HEALTH, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbieviation "BC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florido street address	This amendment is submitted to amend the following:				
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New Registered Office Address: Enter Florida street address	B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ds, enter the nan	ne of the new reg	<u>istered</u>
Enter Florida street address	Name of New Registered Agent:				
	New Registered Office Address:				
incles of Organization for this Limited Liability Company were filed on US/21/2023 and assigned a document number 1.23000391368 mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: MARES MENTAL HEALTH, LLC company the designation "LLC" or the abbeylation "ESC." new principal offices address, if applicable: ipul office address MUST BE A STREET ADDRESS) mew mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida treet address Florida Tip Coste					
			Florida		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 18/21/2023 and Florida document number 1.23000391368 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: POMARES MENTAL HEALTH, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LUC" or the abbreyietion Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address un our records, enter the name of the agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida trees suddress Florida	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

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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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date. If other than the date of fifting of an affective date is listed, the date must be specific and cannot be prior to date of filing of lote: If the date inserted in this block does not meet the applicable statutory fi	r more than 90 days after	er filing.) Pur is date will	suant to 64 not be li-)5,020) sted as
ocument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective time, at 12:01 a.r	n, on the earlier of: (b) The 90	lth day ati	ier the
t is filed.				
nated 9/29/2023.				