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COVER LETTER

Tallahassee, FL 32314

TO: Registration of Division of	Section Corporations	
SUBJECT:	Lying Waters - Psyduatry, LCC Name of Limited Liability Company	
The enclosed Article	of Amendment and fee(s) are submitted for filing.	
Please return all corr	spondence concerning this matter to the following:	
	Mame of Person	
	Firm/Company	
	13400 SW) 102 Tercaco.	
	Address	
	13600 SW 107 Terrace Address Miami, FL, 33186 City/State and Zip Code Monocks@gmail.com E-mail address: (to be used for future annual report notification) The second of the secon	
	City/State and Zip Code	
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For further informati	City/State and Zip Code Monocks @ amai/.com E-mail address: (to be used for future annual report notification) The second report notification and the sec	
monic	<u>e Pimentel</u> al 305, 968-3221	
Na	e of Person Area Code Daytime Telephone Number	
Enclosed is a check.	r the following amount:	
X \$25.00 Filing Fe	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certificate Opy (additional copy is enclosed)	
5.6 100		
<u>Mailing Ad</u> Registrati		
	Corporations Division of Corporations	
P.O. Box		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Matry, LCC
(Name of the Limited Liability Compa (A Florida Limited I.	ability Company)
The Articles of Organization for this Limited Liability Company	, : —
Florida document number <u>L 23 00 0 4 2 1 2 3</u> (o·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Brighter You Behavior The new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the words "Limited Liability of the new name must be disanguishable and contain the new name must be disanguishable and contain the new name must be disanguishable and new name mus	oral Health, LC.
•	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	: :3
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
B. If amending the registered agent and/or registered office a	(1) (V) (1) (1) (1) (1) (1) (1)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the matte of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, FloridaZip 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
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an effec l <mark>ote:</mark> H	e date, if other than the date of filing: 9/9/2073 (opt tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, that is effective date on the Department of State's records.	er filing.) Purs		
	ord specifies a delayed effective date, but not an effective time, at 12:01 of the day after the record is filed.	a.m. on t	he earl	lier of:
ated	May 29th 2004. Ofarries Pinated.			
	Signature of a member or authorized representative of a member			
	Signature of a member or authorized representative of a member			
	monica Pimentel			

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