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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

OF

Bright Light mental Health Services LLC

(Name of the Limi	ited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number <u> </u>		y were filed on $\underline{\hspace{0.1in}}$.	<u> 22-23</u>	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of the new name must be distinguishable and contain the			nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli		~ l -		
(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 agent and/or the new registered office address here:		n\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ds, enter the nam	e of the new registere
Name of New Registered Agent:	nla			
New Registered Office Address:	nla	Enter Florida s	street address	
		City	Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	•		zap cone
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	e performance of my provided for in Cha _l	duties, and I am f oter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

COVER LETTER

Tallahassee, FL 32314

TO:	Registration Section Division of Corpor			
SUBJE	ст: <u>Bright</u>	Light Ment	at Health Serviced Liability Company	ices, LLC
The enc	closed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please r	eturn all corresponde	ence concerning this matter to	the following:	
			Name of Person	
		Brisht agnt	Firm/Company	h Sewices, LLC
		<u>503 (</u>	Dak Avenue	
	-		City/State and Zip Code Onde Ogmail be used for future annual report noti	
For furt	her information cone	erning this matter, please cal	·	
Agner	S Gonzale Name of Pe	5 Pierre	at (863) 662 -	-1543 te Telephone Number
Enclose	d is a check for the f	ollowing amount:		
\$ \$25	5.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Sec Division of Corp P.O. Box 6327		Street Address: Registration Se Division of Cor The Centre of T	porations
	I O DUX UDA!		The Centre of 1	arranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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>		<u>Address</u>	Type of Action
9P	Agnes	Gonzales. Pierre	705 Gazelle Way Kissimmer, 76.34759	Add
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Note: If th	e date is list ie date inse	ed, the date n	nust be specif block does	fic and canne not meet th	it be prior to ie applicab	date of fil	ing or mor	e than 90 d	ays after t	iling.) Pursu	ant to 605.0207 (ot be listed as t
ord is filed.										The 90th	day after the
Dated 10	0/03/	202	≩			. ·					
Dated 10	_ À	gras 6	Ponzo Signature	les T	r or authori	e zed repres	entative o	f a membe	<u> </u>		 .
-	A	<u>enes</u>	GONZ	PALE- Type	S Pi d	RRC name of s	ignee			 	