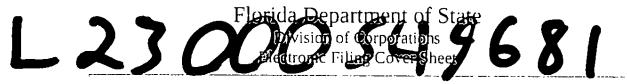
Division of Corporations



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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Doing so will generate another cover sheet.	7

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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 E.M BEHAVIORAL DESINGNERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

S. ::

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E.M Behavioral Desingners LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2
Enter new mailing address, if applicable:	20005 SW 122 AVE #208	12
inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33177	· · · · · · · · · · · · · · · · · · ·
	me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbit of principal offices address, if applicable: I office address MUST BE A STREET ADDRESS	<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:	<u></u>	····
New Registered Office Address:	Enter Florida street address	
	, Florida	1
	- 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.

12/22/2023 07:30:14 PST

Ta: 18506176383

Page: 3/4

From: Registered Agents Inc

Fax: 8134365206

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	Rivero, Elisa	20005 SW 122 AVE #208	⊠ Add
		MIAMI, FL 33177	□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Add
			□ Remove
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12/22/2023 07:30:14 PST	Ta: 18506176383	Page; 4/4	From: Registered Agents Inc	Fax: 8134365206

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E Effect	tive date, if other than th	e data of filing		(optional)	
(If an ef <u>Note:</u>	fective date is listed, the date multiple of the date inserted in this b	ist be specific and cannot be pro- lock does not meet the app	ior to date of filing or more than	90 days after fiting.) Pursuant to 60 rements, this date will not be list	5.0207 (3)(t ted as the
f the reco ecord is fi		ve date, but not an effective	e time, at 12:01 a.m. on the c	earlier of: (b) The 90th day afte	er the
Dated	December 22nd	, 2023	·		
	Nat	- 8-mi	0_1		

Typed or printed name of signee