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COVER LETTER

TO:

Registration Section

Division of Corp	porations		
SUBJECT: Wal	Ker Williams Name of Limit	Behavioral & He	altn, uc
SUBJECT: Walker Williams Rehavioral & Health, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: I Saick Walker Name of Person Firm/Company 3421 W. Chara St. Address Or lando, F1 32.805 City/State and Zip Code I: Walker (Op) E-mail address: (Op) The further information concerning this matter, please call: I Saick Walker Name of Person at (462) 929-6969 Daytime Telephone Number Finclosed is a check for the following amount: VS25.00 Filing Fee Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Street Address: Paramoder Status & Certified Copy (additional copy is enclosed)			
Please return all correspon	ndence concerning this matter	to the following:	
	Isaiah l	Nalker Name of Person	
		Firm/Company	
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	3421 W. Ch.	irch st.	
	<u>or lando</u>	F1 32805 City/State and Zip Code	
	i. Walke 4	to be used for future annual report noti	fication)
For further information co			
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Tallahassee, F	レンムフトサ	ZTID IN. MICHIO	o once, bane or

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 1-30-2024 and assigned Florida document number 4 240 00055656. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Walker Williams Behavioral & Health, LLC

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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 street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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
			□Add
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
`an el <mark>Note:</mark>	tive date, if other than the date of filing:
reco I is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
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	Signature of a member or authorized representative of a member