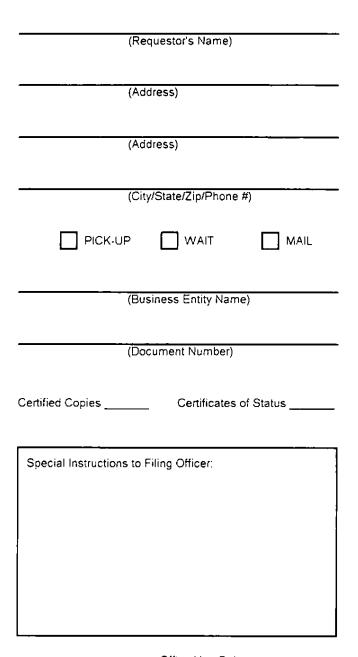
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp	Mion porations	•	
Psychiatry I	lealth Center L.L.C.		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
	ndence concerning this matter t		
	Luis A Dabul		
		Name of Person	 -
	Psychiatry Health Center L	.L.C.	
		Firm/Company	
	4030 SW 107TH CT		
		Address	
	Miami, Fl. 33165		
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Luis A Dabul		786 678-8987	
Name o	of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed.
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	ection
Negistration Division of C		Division of Co	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our record Liability Company)	<u>(s.</u>)
y were filed on	and assigned
bility company here:	
ility Company," the designation "LLC	" or the abbreviation "L.L.C."
	2021
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address on our records, <u>enter</u>	the name of the new register
Enter Florida sweet addre:	ex.
, F1	oridaZip Code
	bility Company here: itity Company," the designation "LLC address on our records, enter Enter Florida sirver addres. F1

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 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>	Name	<u>Address</u>	Type of Action
AMBR	Luis A Dabul	4030 SW 107TH CT Miami, Fl 33165	□Add
			□Remove
			🕞 Thange
			□Add
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			□ Change
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<u> </u>			□Add
			□Remove
			□Change

	changing the letters L.L.C. for LLC without the dots.
**	
	
Note: If	date, if other than the date of filing:
se record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2/19/2024
	Alv /
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00