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COVER LETTER

TO: Registration Section

Division of Cor	porations		
	ntal Health LLC		
SUBJECT:	Name of Lim	ited Liability Company	• • • •
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ranovy Occelus		
		Name of Person	
		Firm/Company	
	11915 Twilight Darner Pl		
		Address	7
	Riverview Florida 33569		
		City/State and Zip Code	<u> </u>
	ranovy@omibamentalhealt		
	h-mail address: (i	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Ranovy Occelus		407 406-9739 at ()	ζ,
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Omiba Mental Health LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records, imited Liability Company))
The Articles of Organization for this Limited Liability Con	npany were filed on 3.45'2024	and assigned
lorida document number 1.24(XX)129464		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
Omiba Mental Health & Wellness LLC		
ne new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
<u> Principal office address MUST BE A STREET ADDRE.</u>	<u> </u>	
		
nter new mailing address, if applicable:		·
Aailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
		. •
. If amending the registered agent and/or registered o	office address on our records, enter th	ne name of the new registe
gent and/or the new registered office address here:		_
Name of New Registered Agent:	<u></u>	
Name Davistanted Office Address		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida Zip Code
	V.111	SHO, OUR

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
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te: If t cument	date, if other than the date we date is listed, the date must be he date inserted in this block is effective date on the Department.	s does not meet the applica artment of State's records.	able statutory filing require	ments, this date will not be	isted as
cord sp s filed.	xecifies a delayed effective da	ate, but not an effective til	me, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	tter the
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ted	Sig Ranovy Occelus	matric of a member of autho	columnized representative of a men	ber	

Filing Fee: \$25.00