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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: The Re	25 illent B Name of Lim	nited Liability Comp	Mertal H	ealth S	ervce	ろ, し	. L
The enclosed Articles of Amend		_					
Please return all correspondence	concerning this matter	to the following:					
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For further information concerni			anneal report notif	ication)	FE	2: 58	••
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Aleyandra Esco Name of Person	bedo	at (SUE	de Daytime	S95 Telephone Numb	Per		
Enclosed is a check for the follow	wing amount:						
∑\$25.00 Filing Fee □\$	30.00 Filing Fee & Certificate of Status	Certified C	_	Certific	Filing Fee cate of Sta ed Copy nal copy is e	atus &	
Mailing Address: Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	R D TI 24	reet Address: egistration Sec ivision of Corp he Centre of T 415 N. Monroe allahassee, FL	oorations allahassee Street, Suite	810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Resilient Bloom Mental Heath Services LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

·	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 24 000 29 4 6 95</u>	were filed on 07/01/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Bloom Mental Health, LLC The new name must be distinguishable and contain the words Limited Liabi	ility Company "the designation "I I C" or the abbraviation "I I C"
	my company, the designation and of the abbreviation and
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	ST/ 2:
	La co
3. 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 regist
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, it 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
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