## L24000412770

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  (Dity/State/Zip/Phone #)  (Business Entity Name)  (Document Number)  (Certified Copies Certificates of Status  Special Instructions to Filing Officer:  J. HORNE  NUV 1 - 2024	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	PICK-UP WAIT MAIL
Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Business Entity Name)
Special Instructions to Filing Officer:	(Document Number)
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J. HORNE NUV 1 - 2024	Special Instructions to Filing Officer:
	J. HORNE NUV 1 - 2024

Office Use Only



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## **COVER LETTER**

	BEHAVIORAL SERVICES LI	C	
SUBJECT: MARKET		nited Liability Company	<del>-</del>
	Amendment and fee(s) are sul		
Please return all corresponding	ondence concerning this matter	to the following:	
	BELKIE OLIVAR		
		Name of Person	<del></del>
	BELKIE BEHAVIORAL		
		Firm/Company	
	16415 SW 95 AVE		
		Address	
	MIAMI, FL 33157	City/Center and Tim Code.	
	BELKIEBEHAVIORALSI	City/State and Zip Code  ERVICES@GMAIL.COM	
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
BELKIE OLIVAR		at (786 ) 9533686 Area Code Daytim	
Name o	f Person	Area Code Daytim	e 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		Street Address:	
Registration Section Division of Corporations		Registration Sec	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 007 10 CH 2: 35

BELKIE BEHAVIORAL SERVICES LLC

(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 Florida document number 1.24000412770	y were filed on 09/23/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter	the name of the new registere
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Flo	urida
	Ciņ	orida Zıp Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, an provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is

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
AMBR_	BELKIE BERNICE OLIVAR	16415 SW 95 AVE MIAMI, FL 33157	<b>=</b> Add
			□Remove
			□Change
	<del> </del>		□Add
		<del></del>	□Remove
			Change
		<u> </u>	□Add
			Петоvе
			Change
		***************************************	□Add
			□Remove
			□Change
	<del></del>		
			□Remove
			□Change
			□Remove
			□ Change

	10/01/7024
(If an et Note: docur	ive date, if other than the date of filing: 10/01/2024 (optional) [fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the listed as the date on the Department of State's records.
The reco	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 led.
Dated	10/01/2024
	$\rho$ $\rho$
	DIA COL

Filing Fee: \$25.00

Typed or printed name of signee