Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000385146 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NJ ACCOUNTING SERVICES CORP

Account Number : I20240000034 : (305)686-2850 Fax Number : (844)587-9637

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

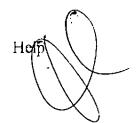
Email Address: njtaxservices22@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JMOLINA BEHAVIORAL SERVICES LLC

Certificate of Status	0
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Page Count	10
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration S Division of Co			(((H24000	385146 3)))	
JMOLINA SUBJECT:	BEHAVIORAL SERVICES I	LLC			
SOBSECT.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	-			
	JUSTIN E MOLINA				
		Name of Person			
	JMOLINA BEHAVIORA	L SERVICES LLC			
		Firm/Company			
	690 E 20TH ST				
		Address			
	HIALEAH, FL 33013				
		City/State and Zip Code		20	
	NJTAXSERVICES22@GN E-mail address: (AAIL.COM to be used for future annual report notifie	ation)	24 K (4477
For further information of	concerning this matter, please ca	•	anon)	2024 NOV 20	44-17 C-1-
JUSTIN E MOLINA		305 686-2850 at (S	3
Name o	of Person		Telephone Number	AM II: 19	
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)	Certified (e of Status &	
Mailing Address		Street Address:	on		

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

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

From: 160759720

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000385146 3)))

A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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@afthe agent and/or the new registered office address here:	n "L.L.C."
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@fithe agent and/or the new registered office address here:	n "L.L.C."
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@fithe agent and/or the new registered office address here:	
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B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: The agent and/or the new registered office address here:	- 41.38000 - 12.38000
Name of New Registered Agent:	
Name of New Registered Agent:	= O
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	9
Many Danistana J Office A 11 cons	
New Registered Office Address: Enter Florida street address	
174 - 4	
, Florida	

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.

From: 16075972

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H24000385146 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MOLINA, JUSTIN E	690 E 20TH ST HIALEAH, FL 33013	= Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Add
			□Remove
			□ Change
			NOV hange
			AHASS Comange
			Remove
			□ Remove
			□Change
			□Add
			□Remove
			□Change

From: 160759726

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