L13000096657

(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

	on Section f Corporations	- -	d .
	hance Mental Health Center of Bro	oward LLC	
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Artic	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all co	respondence concerning this matte	r to the following:	
	Johnny Brown		
		Name of Person	
	<u></u>	Firm/Company	
	1541 SE Port St Lucie Bl	vd STE F	
		Address	
	Port St. Lucie, FL 34952		
		City/State and Zip Code	
	johnnybrown@2ndchance		
	E-mail address:	(to be used for future annual report notif	ication)
For further informa	ion concerning this matter, please	call:	
Johnny Brown		954 804-0679 at ()	
N	ame of Person	Area Code Daytime	e Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	ee \$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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2nd Chance Behavioral Health of Broward 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 were filed on 07/08/2013 and assigned Florida document number L13000096657 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 2nd Chance Behavioral Health LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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.

City

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>	Name	Address	Type of Action
			□ Remove
			☐ Change
			Remove
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Page 3 of 3

Filing Fee: \$25.00