

L15000111560

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L15-111560

Amend

03/16/16--01025--016 \*\*52.50

04/12/16--01031--009 \*\*2.50

FILED  
16 APR -6 AM 9:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR -7 2016

N. CAUSSEAU

L15-111560

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: All State Community Mental Health Center, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ganelis Perez  
Name of Person  
All State CMHC, LLC  
Firm/Company  
18503 Pines Blvd Suite 308  
Address  
Pembroke Pines, FL 33029  
City/State and Zip Code  
AllStateCMHC@Outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ganelis Perez at (954) 239-8959  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2016

YANELIS PEREZ  
ALL STATE COMMUNITY MENTAL HEALTH CENTER  
18503 PINES BLVD., SUITE 308  
PEMBROKE PINES, FL 33029

SUBJECT: ALL STATE COMMUNITY MENTAL HEALTH CENTER, LLC  
Ref. Number: L15000111560

We have received your document for ALL STATE COMMUNITY MENTAL HEALTH CENTER, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 216A00005581

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

All State Community Mental Health Center, 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 10/23/2015 and assigned Florida document number L15000111560.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA

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:

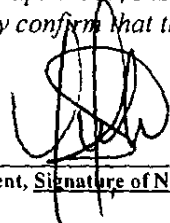
Chanelis Pealez

New Registered Office Address:

18503 Pines Blvd Suite 308  
Enter Florida street address  
Bembroke Pines, Florida FL 33029  
City Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Yolanda Figueroa	18503 Pines Blvd Suite 308	<input type="checkbox"/> Add
		Pembroke Pines, FL 33029	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Handwritten "N/A" in the center of the lined area.

16 APR - 6 AM 9:52  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

FILED

E. Effective date, if other than the date of filing: N/A (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

Yanelis Perez  
Typed or printed name of signee