

L20000285679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED
2020 OCT 19 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FL

11/23/20

On

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

OFM MENTAL HEALTH 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:

Ovidio Fernandez Martinez

Name of Person

OFM MENTAL HEALTH LLC

Firm/Company

14562 SW 280th St #107

Address

Homestead, FL 33032

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ovidio Fernandez Martinez at (786) 857-3762

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 Address:

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**

FILED

2020 OCT 19 PM 4:47

OFL Mental Health LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company))

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09-11-2020 and assigned
Florida document number L20000285679

This amendment is submitted to amend the following:

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14562 SW 280th St #107
Homestead, FL 33032

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14562 SW 280th St #107
Homestead, FL 33032

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

City, Florida 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>
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AMBR	QUIRIDO FERNANDEZ MARTINEZ		<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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		14562 SW 280 th St #107	<input checked="" type="checkbox"/> Change
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		HOMESTEAD, FL 33032	
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MGR	Beatriz Alvarez Calvo		<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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		14562 SW 280 th St #107	<input checked="" type="checkbox"/> Change
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		HOMESTEAD, FL 33032	
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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[illegible]

(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.

Dated October 06, 2020

Signature of a member or authorized representative of a member

Ovidio FERNANDEZ MARTINEZ

Typed or printed name of signer