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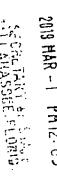
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COVER LETTER

TO:		istration Sect sion of Corpo				
SUBJEC	¬т.	2000 Therapy	Center, LLC			2018
			Name of Lin	nited Liability Company		一类美
			mendment and fee(s) are subdence concerning this matter	•		
			Odalys Waugh			∞ .
			2000 Therapy Center, LLC	Name of Person		
			291 West 49th Street	Firm/Company		
			Hialcah, fl., 33012	Address	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status &	
			efm@atlantic.net	City/State and Zip Code		
For furth	er in	formation con	E-mail address: (cerning this matter, please co	to be used for future annual	report notification)	
Gerardo			, , , , , , , ,	786 858	3-8803	
		Name of P	erson	at () Area Code	Daytime Telephone Num	aber
Enclosed	is a	check for the	following amount:			
₹ \$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certif losed) Certif	icate of Status & ied Copy
			G ADDRESS:		/COURIER ADDRESS	:

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

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1	U	
ARTICLES OF C	ORGANIZATION	10 ·
O	F	
		78 F
2000 Therapy Center, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)	
(A Florida Limited I	Ciability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 4/10/17	and assigned
	were med on	and assigned
Florida document number £17000080026		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Dr. Waugh Mental Health Services, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
muning dualess MAT BE A TOST OFFICE BOAT		
D If amounting the angles and a set of the s	re 14	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	tice address on our records, <u>e</u> i	nter the name of the new
registered agent andror the new registered office address her	<u> </u>	
_		
Name of New Registered Agent:		
New Registered Office Address:		
Tregistered Office Frauesia.	Enter Florida street address	
	_,	
	, Florid	aZip Code
an Dariotanad America Simulature 15 th at 1 th 12	on,.	zip Cinit
ew Registered Agent's Signature, if changing Registered Agent:		

tereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

in 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>	Type of Action
Mbr	Gerardo Marquez	291 West 49th Street	
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			A Remove
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tive date, if other	er than the date of filing, the date must be specific an	ig:	ate of filing or more the	(optional)	405 030
in the date inser	ted in this block does not ate on the Department of	meet the applicable	statutory filing requ	irements, this date will r	not be listed a
ment serrective u	are on the Department of .	State's records.			
cord specifies	a delayed effective	date but not a	n effective time	at 12:01 a m an ti	ha asulisu .
e 90th day aft	er the record is filed.		r enective time,	at 12.01 a.m. on ti	ne earlier o
~ 1	44				
1 reprun	iny 27th	, <u>2019</u> .			
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	Signature of a	member or authorized	d representative of a m	ember	

Page 3 of 3

Filing Fee: \$25.00