

| (Re                                     | equestor's Name)  | <del> </del> |  |  |
|---|-------------------|--------------|--|--|
| (Address)                               |                   |              |  |  |
| (Ac                                     | ddress)           |              |  |  |
| (Ci                                     | ty/State/Zip/Phon | ne #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL         |  |  |
| , (Bı                                   | usiness Entity Na | me)          |  |  |
| <u> </u>                                | ocument Number    | )            |  |  |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

| TO: Registration : Division of C                     |  |   |  |  |
|--|--|---|--|--|
| SUBJECT:   | Orlando Beł                                | navior Health, L.L.C.   |  |  |
|  | (Name of L                                 | imited Liability Company)   | · · · · · · · · · · · · · · · · · · ·                                |  |
|  |  |   |  |  |
| The enclosed Articles                                | of Amendment and fee(s) are su             | bmitted for filing.   |  |  |
| Please return all corres                             | spondence concerning this matte            | er to the following:  |  |  |
| -  |  | oerg, Ph.D., BCBA   | ·····  |  |
|  | •  | (Name of Person)  |  |  |
| Orlando Behavior Health, L.L.C.                      |  |   |  |  |
|  |  | (Firm/Company)  |  |  |
| -  | 185 F                                      | abyan Rd.   |  |  |
|  |  |   |  |  |
| N. Grosvenordale, CT 06255 (City/State and Zip Code) |  |   |  |  |
|  | (City                                      | Asiate and Zip Code)  |  |  |
| For further informatio                               | n concerning this matter, please           | call:   |  |  |
| Dr. Ter  | esa Maxson                                 | at ( 860 ) 315-   | 7115   |  |
|  | (Name of Person)                           | (Area Code & Daytime  |  |  |
|  |  |   |  |  |
| Enclosed is a check for t                            |  |   |  |  |
| \$25.00 Filing Fee                                   | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |  |
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|  |  |   |  |  |

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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

Orlando Behavior Health, L.L.C.

## (Present Name) (A Florida Limited Liability Company) The Articles of Organization were filed on \_\_document number \_L03000008517 03/07/2003 FIRST: \_\_ and assigned SECOND: This amendment is submitted to amend the following: Change name of company from "Orlando Behavior Health, L.L.C." to: "Orlando Behavior Health Services, L.L.C." Michael Weinberg, Ph.D., BCBA

Filing Fee: \$25.00

Typed or printed name of signee