L05000078557

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2016 HAY -3 PM 4: 03

SECRETARY OF STATE

K.SALY EXAMINER MAY -6

. . -

COVER LETTER

	istration Section of Corp			
SUBJECT:	THE MULTI	-CULTURAL FAMILY CEN	VTER I, LLC	
SOBOLOT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		ELDA KANSZI-VELOSO		
			Name of Person	
		THE MULTI-CULTURAL	FAMILY CENTER I, LLC	
			Firm/Company	
		5101 SW 8 STREET SUI	ITE 200	
			Address	
		MIAMI, FL 33134		
			City/State and Zip Code	
		ELDAVELOSO@YAHOO.		
		E-mail address: (to	o be used for future annual report notific	ation)
For further in	nformation cor	ncerning this matter, please ca	ll:	
ELDA VEL	oso		305 742-8826 at ()	
	Name of I	Person	at () Area Code Daytime 1	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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

**** Elda:
Suggest to
mail Certified
Mail/Return
Receipt to this

address.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 MAY -3 PM 4: 04

JALLAHASSEE, FLORIOS

THE MULTI-CULTURAL FAMILY CENTER I, 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 Co	ompany were filed on 08/09/2005 and assigned
Florida document number L05000078557	<u>_</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
ALLIED MENTAL HEALTH MANAGEMENT & SERVICE	CES, LLC
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	ESS)
Enter new mailing address, if applicable:	N/C
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist- registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ress here:
Name of New Registered Agent: N/A	
New Registered Office Address: N/A	
	Enter Florida street address
	, Florida
	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>	Address	Type of Action	
AMBR	MARIBEL DEL RIO-ROBERTS	5101 SW 8 STREET SUITE 200	⊟ Add	
		MIAMI, FL 33134	□ Remove	
			Change	
	N/A		Add	
			Add Add Add Add Add Annove Change Change Add Change Add Change Cha	
	N/A		Change Change	
	-		□ Remove	
			□ Change	
	N/A		Add	
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n effecti te: If	e date, if other than the date of filing:	
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 0th day after the record is filed.	er o
ed	4/28/ 2016.	
	Signature of a number of authorized epresentative of a member	

Page 3 of 3

Filing Fee: \$25.00