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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

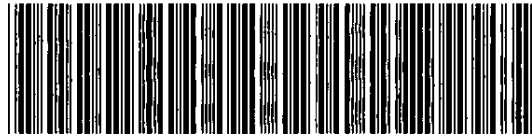
(Business Entity Name)

(Document Number)

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T. CLINE

JAN 20 2010

EXAMINER

2010 JAN -4 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2010

MONIQUE DUGUAY
1831 N. BELCHER ROAD
CLEARWATER, FL 33765

SUBJECT: SOULE ROAD PARTNERS,LLC
Ref. Number: L05000112594

We have received your document for SOULE ROAD PARTNERS,LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 110A00000163

2010 JAN -4 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MONIQUE DUGUAY

Licensed Clinical Social Worker
Certified Child Psychotherapist and Play Therapist
Children, Adolescents, Individuals and Families

1831 N. Belcher Road, Suite C3, Clearwater, FL 33765
727-386-8900 ext. 2 727-797-8690 (Fax)

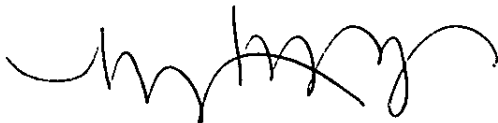
December 27, 2009

To Whom It May Concern:

Please find enclosed an application to amend the Articles of Organization of a Florida Limited Liability Company. We wish to change our name from Soule Road Partners, LLC to Behavioral Health Advisors, LLC effective January 1, 2010. We would also like to add James Wasenda to the list of Managing Members which already includes Monique Duguay.

If further information is needed please do not hesitate to contact me at the number above.

Sincerely,



Monique Duguay, LCSW

2010 JAN -4 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/28/09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Behavioral Health Advisors, LLC
Name of Limited Liability Company
Formerly, Soule Road Partners,
LLC

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

Please return all correspondence concerning this matter to the following:

Monique Duguay
Name of Person

Behavioral Health Advisors, LLC
Firm/Company
Formerly, Soule Road Partners, LLC
1831 N. Belcher Road
Address

Clearwater, FL 33765
City/State and Zip Code

mduguay2001@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monique Duguay at 727 386-8900
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN -4 PM 2:42

FILED

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

Soule Road Partners 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 11/22/05 and assigned
Florida document number L05000112594

This amendment is submitted to amend the following:

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

Behavioral Health Advisors, LLC
The new name must be distinguishable and end with 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)

1831 N. Belcher Road, Ste
Clearwater, FL 33765 C3
727-386-8900 ext. 2.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1831 N. Belcher Road,
Suite C3
Clearwater, FL 33765

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:

1831 N. Belcher Road, Suite C3
Enter Florida street address
Clearwater, Florida 33765
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	James Wasenda	1831 N. Belcher Road Suite C3 Clearwater, FL 33765	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please make these changes
effective January 1, 2010. MD.
effective January 4th, 2010 MD

Dated 12-02-09, 1-14-10

Signature of a member or authorized representative of a member

Monique Duguay
Typed or printed name of signee

2010 JAN - 4 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED