

L06000058677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

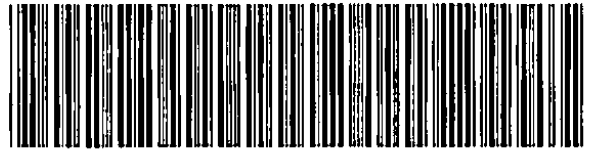
(Business Entity Name)

(Document Number)

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12/28/20
[Signature]

TO: Registration Section
Division of Corporations

SUBJECT: Mental Health Consultants of the Treasure Coast LL
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:

MARIA QUINONES-Pérez
Name of Person

Mental Health Consultants of the Treasure Coast LL
Firm/Company

3991 SW Greenwood Way Ste 3E
Address

Palm City FL 34990
City/State and Zip Code

maria q 1234 u @ gmail . com
E-mail address: (to be used for future annual report notification)
*maria q 1234 u @ gmail

For further information concerning this matter, please call:

Maria Quinones-Pérez at (772) 634-1400
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TO
ARTICLES OF ORGANIZATION
OF

Mental Health Consultants of the Treasure Coast.
(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 06/08/2006 and assigned Florida document number LO6000058677

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3991 SW Greenwood Way
Ste. 3G Palm City FL 34990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3991 SW Greenwood Way
Ste 3G Palm City FL 34990

B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:

Name of New Registered Agent: Same

New Registered Office Address:

MARIA QUINONES-Perez
3991 SW Greenwood Way Ste 3G
Enter Florida street address

Palm City, Florida 34990
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

N/A ; Same Registered Agent.

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Address</u>
Registered Agent (same)	MARIA QUINONES PÉREZ	3991 SW Greenwood Way Ste. 36 Palm City FL 34940	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
()	()	1617 SE Aires Lane Port St. Lucie, FL 34984	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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Remove
Change
Add

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

Mge. MARIA QUINONES-Perez
3991 SW Greenwood Way Ste. 36
Palm City, FL 34990

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E. Effective date, if other than the date of filing: 08/26/2020 (optional)

(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 605.0.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____, _____.

Maria Quinones Perez

Signature of a member or authorized representative of a member

MARIA QUINONES-Perez

Typed or printed name of signee

Entity Name: MENTAL HEALTH CONSULTANTS OF THE TREASURE COAST,
LLC**Current Principal Place of Business:**1617 SE AIRES LN
PORT SAINT LUCIE, FL 34984**Current Mailing Address:**1617 SE AIRES LN
PORT SAINT LUCIE, FL 34984 US**FEI Number:** 90-0303093**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**QUINONES-PEREZ, MARIA
1617 SE AIRES LN
PORT SAINT LUCIE, FL 34984 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MARIA QUINONES-PEREZ

08/26/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	QUINONES-PEREZ, MARIA
Address	1617 SE AIRES LN
City-State-Zip:	PORT SAINT LUCIE FL 34984

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA QUINONES-PEREZ

PRESIDENT

08/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date