

FROM : LAZARUS
Division of Corporations

L07000043983

Florida Department of State
Division of Corporations
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L. SELLERS

NOV - 5 2009

EXAMINER

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305) 552-5973
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NEW LIFE COMMUNITY MENTAL CENTER, LLC

Certificate of Status	0
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09 NOV -4 PM 2:44

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09 NOV -4 AM 8:01

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H09000234959
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NEW LIFE Community Mental Center, 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 04/25/2007 and assigned Florida document number 607000043983

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 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

MARLENA HASDAY

New Registered Office Address:

441 COLLINS AVENUE #3
(Enter Florida street address)

MIAMI BEACH
(City)

Florida

33139
(Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

FROM : LAZARUS

FAX NO. : 3052201440

Nov. 04 2009 03:42PM P3

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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

Title	Name	Address	Type of Action
MGR	MARLENA HASDAY	441 Collins Ave. #5 Miami Beach, Florida 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Noel Puig	1690 NW 19 Avenue Miami, FL 33125	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Agueda Herrera	1690 NW 19 Avenue Miami, FL 33125	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
RA	JENNIFER STEVENS	1690 NW 19 Avenue Miami, FL 33125	<input type="checkbox"/> Add <input checked="" 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.)

Dated November 1st, 2009.

Signature of a member or authorized representative of a member

MARLENA HASDAY

Typed or printed name of signee

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Filing Fee: \$25.00

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