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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PSychiatric Care Center, LIC (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:
Samantha M. Devine (Name of Person)
Psychiatric Care Center LLC
342 E. Bloomingdate Ave
Branden, F. 33511 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Samantha DWine at (813) 657-7546 or (813) (Name of Person) (Area Code & Daytime Telephone Number) 294-3386
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy is enclosed} \text{Certified Copy} \tex

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

(City)	(Zin Code)	
	, Florida	
	(Enter Florida street address)	
New Registered Office Address:		
Name of New Registered Agent:		
registered agent and/or the new registered office address here:	n our records, enter the maine or the new	
B. If amending the registered agent and/or registered office address of	n our records outer the name of the new	
(Mailing address MAY BE A POST OFFICE BOX)	DRAI 0	
Enter new mailing address, if applicable:		
	in-<	
	74 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3	
(Principal office address MUST BE A STREET ADDRESS)	AR A	
Enter new principal offices address, if applicable:	2009 SEC	
The new name must be distinguishable and end with the words "Limited Liability Cor"L.L.C."		
A. If amending name, enter the new name of the limited liability company	here:	
This amendment is submitted to amend the following:		
Florida document number L0900037906		
The Articles of Organization for this Limited Liability Company were filed on	APRIL 20, 2009 and assigned	
(Name of the Limited Liability Company as it now and (A Florida Limited Liability Company)	pears on our records.)	
PSYCHIATRIC CARE CENTER, LLC		

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 fittle, 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	CHARLES D. DEVINE M.D	342 E. BLOOMINGDALE AVE BRANDON, FL 33511	Add Remove
MGRM	KATHLEEN M. CARROLL M.D.	342 E. BLOOMINGDALE AVE BRANDON, FL 33511	n□ Add n② Remove
MGRM	Kathleen M. Carroll, M.D., P.A.	342 E. Bloomingdale Ave. Brandon, FL 33511	n∰ Add n⊟ Remove
MGRM	Charles D. DeVine, M.D., P.A.	342 E. Biopmingdala Ava. Brandon, FL 33511	nd7 Add n Remove
•			Add Remove
D. If amend	ling any other information, enter change((s) here: (Attach additional sheets, if necessary.)	ਜ੍ਹਾ ਤੱ <u>ੰ</u>
			STATE 1.04
Dated April 2	Amounta	m. Dulcom authorized representative of a member	
	Samantha DeVine	r nrinted name of signee	·

Page 2 of 2

Filing Fee: \$25.00