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EXAMINER

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EXAMINER





March 4, 2010

TRAVIS MCBRIDE 3146 DEER TRAIL DELAND, FL 32724

SUBJECT: TRAVIS M. MCBRIDE, L.L.C

Ref. Number: L09000099734

We have received your document for TRAVIS M. MCBRIDE, L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6955.

Letter Number: 210A00005440

Suzanne Hawkes Regulatory Specialist II

Division of Compositions DO DOV 6297 Tollahassas Florida 20014

COVER LETTER

vision of Co	orporations					
SUBJECT:	Travis M	. McBride, L.L.C				
		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	condence concerning this matter	r to the following:				
	Travis McBride					
		Name of Person				
Travis M. McBride, L.L.C						
		Firm/Company				
	3146 Deer Trail					
	Address					
	Deland, FL 32724					
	City/State and Zip Code					
	tm	ncb112522@cfl.rr.com to be used for future annual report notific	ation)			
For further information	concerning this matter, please of	•	auon			
Travis McBride		ut (24-5501			
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	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section

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

Travis M. McBride, L.L.C (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 October 15, 2009 L09000099734 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Central Florida Mental Health Associates, 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: 211 East Rich Ave. Deland, FL 32724 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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 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:

MGRManager MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
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	. /	r or authorized representative of a member		
	Travis Typed	or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00