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| PICK-UP. WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration So Division of Co | | | | | |
|--|-----------------------------------|---|---|---|--|--|
| eud u | | rica Behavioral Services LLC | , | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please | return all correspo | ondence concerning this matter | to the following: | | | |
| | | Max Magnasco | | | | |
| Name of Person | | | | | | |
| Name of Person Psychamerica Behavioral Services LLC Firm/Company POBOX 784719 | | | | | | |
| Firm/Company | | | | | | |
| | | | | | | |
| Address | | | | | | |
| Winter Garden FL 34778 | | | | | | |
| City/State and Zip Code | | | | | | |
| | | max@psychamerica.org | | | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) | | |
| For fu | ther information of | concerning this matter, please co | all: | | | |
| Max N | Magnasco | | 321 210-8173 at () | | | |
| | Name o | of Person | Area Code Daytime | Telephone Number | | |
| Enclos | ed is a check for t | he following amount: | | | | |
| \$2 | 5.00 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

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

FILED 2015 OCT -5 AN 10: 39 SEGRETARY OF STATE FAULAHASSEE, FLORIDA

, sa, _{pe}

Psychamerica Behavioral Services 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 02-18-2010 and assigned | |
|--|---------------------------------------|--|
| | and assigned | |
| | • | |
| This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbree Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: POBOX 784719 Winter Contact Ft. 24778 | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | |
| the new name must be distinguishable and contain the words "Limited Liabii | | |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 207 | |
| | Maitland FL 32751 | |
| Enter new mailing address, if applicable: | POBOX 784719 | |
| er new mailing address, if applicable: siling address MAY BE A POST OFFICE BOX) | Winter Garden FL 34778 | |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida | |

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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|). If amending any other inform | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | | | |
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| E. Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the | the date of filing:(optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to s block does not meet the applicable statutory filing requirements, this date will not be | 605.0207 (3)(b) | | | | |
| f the record specifies a delay b) The 90th day after the r | yed effective date, but not an effective time, at 12:01 a.m. on the earecord is filed. | arlier of: | | | | |
| Dated October 1st | 2015 | | | | | |
| _()) L | Signature of a member or authorized representative of a member | _ | | | | |
| Max Magnasco | | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00