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(Req	uestor's Name)	-
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	egistration Se ivision of Cor			
e SUBJECT		e Behavioral Health LLC	1	
SUBJECT		Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter	-	
		Johnny Brown		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
			Firm/Company	
		1541 SE Port St Lucie Blv	d STE F	
			Address	
		Port St. Lucie, FL 34952		
		johnnybrown@2ndchancen	City/State and Zip Code	
			to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	ali:	
Johnny Br	own		954 804-0679 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	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

2nd Chance Behavioral Health 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 $\frac{02/13/2017}{1}$ and assigned Florida document number _____L10000091655 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 2nd Chance Mental Health Center LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
		****	Add
			□ Remove
			☐ Change
			□ Add
		***************************************	□ Remove
			Change Add Remove
			OR Change
			Add
			□ Remove
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			Add
			☐ Remove
			Change

I made a mistake and change the name of the wrong company on 2/1	572017. Today Fam Correcting the mistake
by returning the company to it's original name.	
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90th day after the record is filed.	
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Signature of a member or authorized represe	entative of a member

Page 3 of 3

Filing Fee: \$25.00