

L1200000 6682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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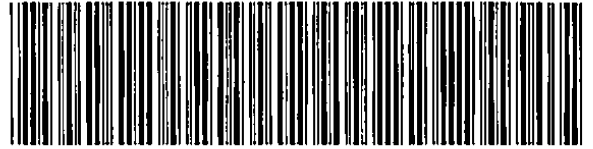
(Business Entity Name)

(Document Number)

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06/29/18--01013--022 **60.00

2018 JUN 29 AM 11:17

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JUL 05 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLACE BEHAVIORAL HEALTH, LLC
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:

JUDITH S. CHAUDHRY
Name of Person
SOLACE BEHAVIORAL HEALTH
Firm/Company
3418 TARBELTON WAY
Address
LAND O LAKES FL 34630
City/State and Zip Code
JCE SOLACEBH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDITH CHAUDHRY at 913 830-8571
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 ☐ \$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**

SOLACE BEHAVIORAL HEALTH

(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 4/10/18 and assigned
Florida document number L12000006692

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 abbreviation "L.L.C."

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)

(same)	2018 JUN 29 AM 11:17
(same)	
(same)	
(same)	
(same)	

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:

KRUTIKA PATEL

New Registered Office Address:

19103 Ave Bayonne

Enter Florida street address

Lutz

City

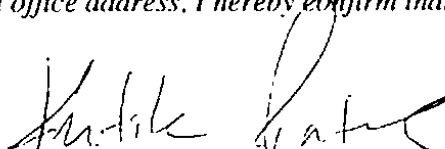
Florida

33550

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR, CEO	TANVEER A. CHAUDHRY, MD	3413 TARBURTON WAY LAND O LAKES FL 34635	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR, CFO	JUDITH S. CHAUDHRY, AMP	(Same as above)	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR, COO	SHODAN PATEL, MD	17222 Hospital Blvd Bucktown FL 34601	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR, COO	KRUTIKA PATEL	17222 Hospital Blvd Bucktown FL St 227	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MIA

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FILE

E. Effective date, if other than the date of filing: 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 25, 2018.

Judith S Chaudhary
Signature of a member or authorized representative of a member

JUDITH S CHAUDHARY
Typed or printed name of signee