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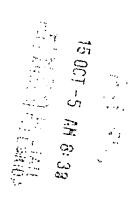
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COVER LETTER

		stration Sec sion of Corp				
CHD IEC	T.	BayCare Bel	navioral Health Associates, LL	.c		
SUBJEC	.1: .		Name of Limi	ted Liability Company		
The enclo	osed	Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please ret	turn	all correspon	dence concerning this matter t	o the following:		
			Legal Services Department			
				Name of Person		
			BayCare Health System, In	c.		
				Firm/Company		
			2985 Drew Street			
				Address	,	
			Clearwater, Florida 33759			
				City/State and Zip Code		
			legal.services@baycare.org			
			E-mail address: (to	o be used for future annual rep	port notification)	
For furthe	er int	formation cor	ncerning this matter, please ca	II:		
Jennifer '	Tous			727 519-1		
		Name of 1	Person	Area Code	Daytime Telephone	Number
Enclosed	is a	check for the	following amount:			
\$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	sed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

BayCare Behavioral Health Associates, 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 $\frac{01/30/2012}{}$ and assigned Florida document number L12000014053 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) 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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Behavioral Health Management Services, Inc.	2985 Drew Street	Add
		Clearwater, Florida 33759	□ Remove
			Change
AMBR	BayCare Medical Group, Inc.	300 South Park Place Boulevard	Add ·
		Suite 180	Remove
		Clearwater, Florida 33759	□ Change
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			Add
			☐ Remove
			Change

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing or more to ote: If the date inserted in this block does not meet the applicable statutory filing re-	han 90 days after filing.) Pursuant to 605.020 quirements, this date will not be listed as
ocument's effective date on the Department of State's records.	1
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the earlier o
ated October 1 , 2015 .	

Page 3 of 3

Filing Fee: \$25.00