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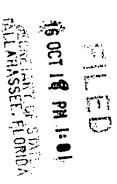
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Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2016

TOM WYNNE 8800 49TH ST N UNIT 101 PINELLAS PARK, FL 33782 US

SUBJECT: HIPAA MENTAL HEALTH LLC

Ref. Number: L13000030656



We have received your document for HIPAA MENTAL HEALTH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 416A00021774

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Name	PAA MENTAL HE of Limited Liability Company	ALTH LLC
The enclosed Articles of Amendment and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	Tom Wynne Name of Person	
	Firm/Company	
8800	0 49th ST	unit 101
Pinella	PARK FL3 City/State and Zip Code	3782
	G G mail . Com Idress: (to be used for future annual report notif	
For further information concerning this matter, p	elease call:	
Tom Wynne Name of Person	at (121) 729 Area Code Daytime	-9801 e Telephone Number
Enclosed is a check for the following amount:		
S25.00 Filing Fee \$30.00 Filing Fee Certificate of St		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIPAA MEN-	
(A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number 13000306.	ompany were filed on $02/27/2013$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	PESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	AH)
B. If amending the registered agent and/or registered agent and/or the new registered office address.	tered office address on our records, enter the name of the new
non-regional and a second difference and	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
 -	City 7 in 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> **Type of Action** <u>Name</u> **Address** 8800 49thst N MGR Pinellas PARK, FL 33782 ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove Change Remov □ Add ☐ Remove ☐ Change □ Add ☐ Remove

_□ Change

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effective Note: If t	date, if other than the date of filing:	605.0207 (3)(b) listed as the
If the record (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea th day after the record is filed.	rlier of:
Dated	O(1) 14 , 2016. Signature of a member or authorized representative of a member	
	- Tyl	-
	Signature of a member or authorized representative of a member	
	Typed or priviled hame of signee	-

Page 3 of 3

Filing Fee: \$25.00