

L13000030656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 OCT 19 PM 1:01  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

OCT 19 2016

M. 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

RECEIVED  
2017 OCT 19 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: HIPAA MENTAL 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:

Tom Wynne  
Name of Person

Firm/Company

8800 49th ST unit 101  
Address

Pinellas PARK, FL 33782  
City/State and Zip Code

Wynne7t@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Wynne at (727) 729-9801  
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)

25.00  
Already mailed

**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**

HIPAA MENTAL 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 02/27/2013 and assigned Florida document number L13000030656

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LAI, DANH	8800 49 <sup>th</sup> st N	<input type="checkbox"/> Add
		Pinellas PARK, FL 33782	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 OCT 19 PM 4:01  
CLERK OF SUPERIOR COURT  
HALL COUNTY, FLORIDA

FILED

CLERK OF SUPERIOR COURT  
FALLAHERSEE, FLORIDA

FILED  
16 OCT 19 PM 1:01  
FEDERAL BUREAU OF INVESTIGATION  
TALLAHASSEE, FLORIDA

(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)

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 OCT 14, 2016

Signature of a member or authorized representative of a member

Tom Wynne  
Typed or printed name of signee