

L13000087369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 15 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACHIEVE BEHAVIORAL HEALTH, L.L.C.
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:

STEPHEN STARIN

Name of Person

BEHAVIOR ANALYSIS, INC

Firm/Company

1012 Spoonbill Cir.

Address

WESTON, FL 33326

City/State and Zip Code

STARIN@BEHAVIOR-ANALYSIS.ORG

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

STEPHEN STARIN

Name of Person

at (904) 349-3307

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

Achieve Behavioral Health, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 06/18/2013 and assigned
Florida document number L13000087369.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

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FLORIDA
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| Title | Name | Address | Type of Action |
|-------|------------------|--|--|
| MGRM | LARAIN WILSON | 809 S.W. 36 ST # 9 DAVIE, FL 33328 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | SILVIA MARUSSICH | 8001 S.W. 36 ST. # 9 DAVIE, FL 33328 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | STEPHEN STARIN | 8001 SW 36 ST # 9 DAVIE, FL 33328 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | SILVIA MARUSSICH | 8001 S.W. 36 ST # 9 DAVIE, FL 33328 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | STEPHEN STARIN | 8001 SW 36 ST # 9 DAVIE, FL 33328 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| — | — | — | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

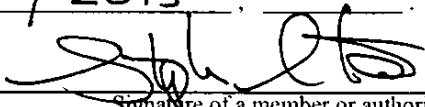
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

W/A

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Dated

8/8/2013



Signature of a member or authorized representative of a member

STEPHEN STAIN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00