

L13 0000 88483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

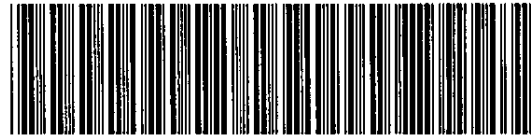
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000250307680

08/09/13--01024--005 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG -9 PM 1:45

AUG 12 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIER MENTAL HEALTH ASSOCIATES OF FLORIDA, PLLC
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:

PAULA-ANN M. FRANCIS, MD

Name of Person

PREMIER MENTAL HEALTH ASSOCIATES OF FLORIDA, PLLC

Firm/Company

P.O. Box 266233

Address

Weston, FL 33326

City/State and Zip Code

PAFRANCISMD@gmail.com

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

For further information concerning this matter, please call:

PAULA-ANN M. FRANCIS, MD

Name of Person

at (347) 546-4805

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**

PREMIER MENTAL HEALTH ASSOCIATES OF FLORIDA, PLLC

(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 06/19/2013 and assigned

Florida document number L13000088483

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG -9 PM 1:45

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 end with 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)

2501 E. Commercial Blvd.

Suite 211

Ft. Lauderdale, FL. 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 266233

Weston, FL. 33326

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:

2501 E. Commercial Blvd. Suite 211

Enter Florida street address

Ft. Lauderdale

City

Florida

33308

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

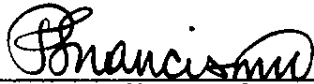
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FRANCIS, PAULA-ANN M.	P.O. Box 266233 Weston, FL. 33326 ←	<input checked="" type="checkbox"/> Add
		847 VISTA MEADOWS DR. Weston, FL. 33327 ←	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 AUG 9 PM 1:45
FILED
STATE
SECRETARY OF CORP
DIVISION OF CORP

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

FEI/ EIN # : 46-3007697

Dated Aug 5th, 2013.



Signature of a member or authorized representative of a member

PAULA-ANN M. FRANCIS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 AUG -9 PM 1:45