

L13000/15041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

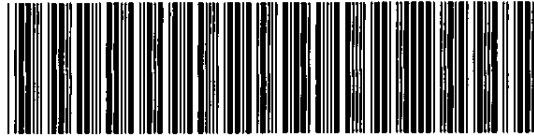
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700296794567

700296794567
03/17/17--01001--008 **330.00

RECEIVED
DEPARTMENT OF STATE
17 MAR 16 AM 4:21

FILED
17 MAR 16 AM 8:25
MAR 17 2017

O SIMMONS

MAR 17 2017

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 3/16 Glinda

XX **CERTIFIED COPY**

☐ **PHOTOCOPY**

☐ **CUS**

XX **FILING**

AMEND

1. Behavioral Health Solutions of Tampa LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

BEHAVIORAL HEALTH SOLUTIONS OF TAMPA LLC

Page 1 of 3

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	Adam Schreiber	7444 Long Avenue	<input type="checkbox"/> Add
		Skokie, IL 60077	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Cucuel	160 Chubb Avenue	<input checked="" type="checkbox"/> Add
		Suite 206	<input type="checkbox"/> Remove
		Lyndhurst, NJ 07071	<input type="checkbox"/> Change
MGR	Kyle Wescoat	160 Chubb Avenue	<input checked="" type="checkbox"/> Add
		Suite 206	<input type="checkbox"/> Remove
		Lyndhurst, NJ 07071	<input type="checkbox"/> Change
MGR	Chris Diamond	160 Chubb Avenue	<input checked="" type="checkbox"/> Add
		Suite 206	<input type="checkbox"/> Remove
		Lyndhurst, NJ 07071	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 MAR 16 AM 6:25

FILED

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

[illegible]


17 MAR 16 4:06:25

E. Effective date, if other than the date of filing: Upon Filing (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated March 16 2017

March 16 2017

✓  Signature of a member or authorized representative of a member

Kyle Wescoat

Typed or printed name of signee