L13CCC 126291

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COVER LETTER

TO: Registration Section

Division of Cor	rporations		
	ioral Health Group LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	umitted for filing	
		_	
Please return all correspo	ondence concerning this matter	to the following:	
	Arthur J. Cox, SR.,		
		Name of Person	
	Cox Behavioral Health Gr	oup LLC	
		Firm/Company	
	13720 OLD ST. AUGUST	INE ROAD SUITE 8-221	
		Address	
	JACKSONVILLE FL 322	58	
	COVERCOVATION COL	City/State and Zip Code	
	COXBHG@YAHOO.COM	to be used for future annual report n	otification)
For further information c	oncerning this matter, please c		
Arthur J. Cox. SR.,		904 608-4 at ()	
Name o	f Person	Area Code Days	ime Telephone Number
Enclosed is a check for t	ne following amount:		
S25.00 Filing Fce	☐ \$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 5		Street Address: Registration S	
Division of C		Division of C	
P.O. Box 632		The Centre of	
Tallahassee,	LT 07014	2415 N. MON	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cox Behavioral Health Group LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on09/05/2013	and assigned
Florida document number L13000126291		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		製。 Un
		교 및
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		19
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3. If amending the registered agent and/or registered office a	ddress on our records, enter the	name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	Name	<u>Address</u>	Type of Action
MGR	Deloris M Cox	14628 Basilham Lane Jacksonville, Fl 32258	□Add
			■Remove
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an effective date is lote: If the date	fother than the date of listed, the date must be spe inserted in this block do live date on the Department	ecific and cannot be ses not meet the ap	pplicable statutor	g or more than 90 day	(optional) as after filing.) Pursuant ts, this date will not b	to 605.0207 (be listed as t
record specifies a is filed.	a delayed effective date,	but not an effecti	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th da	y after the
ated	1/20/2021 (Cixta Signatu	·	·			
	Circ	len JC	28	atalian of a march-		
	Signati	are or panentock of	aumorized represe	mative of a member		