

L14000017754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

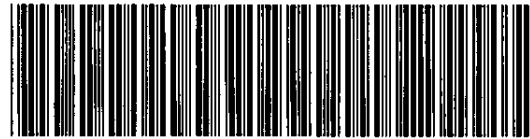
(Business Entity Name)

(Document Number)

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B. BOSTICK

JUN - 6 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CENTER FOR MOOD DISORDERS 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:

Jodi L. OLMSTEAD  
Name of Person

CENTER FOR MOOD DISORDERS LLC  
Firm/Company

2525 GRANADA AVE, #8  
Address

VERO BEACH, FL 32960  
City/State and Zip Code

jls2226@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodi L. OLMSTEAD at (347) 331-5945  
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)

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**

CENTER FOR MOOD DISORDERS 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 1/31/14 and assigned Florida document number L14000017754

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1408 19<sup>TH</sup> STREET  
SUITE C  
VERO BEACH, FL 32960

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1408 19<sup>TH</sup> STREET  
SUITE C  
VERO BEACH, FL 32960

**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:

Jodi L. OLMSTED

New Registered Office Address:

2525 GRANADA AVE, #8

Enter Florida street address

VERO BEACH

City

Florida

32960

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.

Jodi L. Olmsted  
If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

MGR Jodi L. Olmstead 2525 GRANADA AVE, ☒ Add  
APT 8 ☐ Remove  
VERO BEACH, FL 32960

The diagram illustrates a process flow or data transformation. On the left, there are several horizontal lines representing input or initial data. A curved arrow points from these lines to a set of horizontal lines on the right. Each line on the right has a checkbox labeled 'Add' or 'Remove', indicating a selection or modification step. A vertical stamp is visible on the right side, partially overlapping the lines.

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

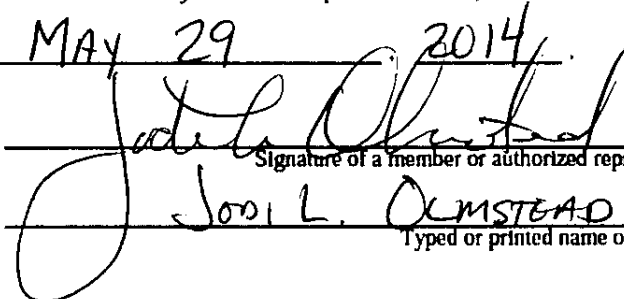
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

MAY 29 2014



Signature of a member or authorized representative of a member

Joel L. OUMSTEAD

Typed or printed name of signee