

L14000047374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

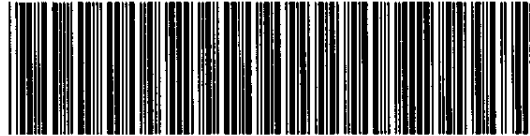
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AUG 19 2015

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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15 AUG 14 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 22, 2015

REBECCA KLASFELD  
399 CAMINO GARDENS BLVD #307  
BOCA RATON, FL 33432

SUBJECT: PROGRESSIVE PSYCH SOLUTIONS OF PALM BEACH, LLC  
Ref. Number: L14000047374

We have received your document for PROGRESSIVE PSYCH SOLUTIONS OF PALM BEACH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 115A00008101

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: progressive psych solutions of Palm Beach  
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:

Rebecca Klasfeld

Name of Person

progressive psych solutions of palm beach

Firm/Company

21301 Powerline Rd. #304

Address

Boca Raton, FL. 33433 <sup>33433</sup>

City/State and Zip Code

Rebecca Klasfeld Rebecca@rebeccaklasfeld.com

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

For further information concerning this matter, please call:

Rebecca Klasfeld

Name of Person

at ( 561 )

Area Code

441-9933

Daytime Telephone Number

Enclosed is a check for the following amount:

*Sent previously*

☐ \$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

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TALLAHASSEE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Progressive Psych Solutions of Palm Beach, 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 3/21/14 and assigned  
Florida document number L14000047374

This amendment is submitted to amend the following:

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

Boca Raton Family Counseling, LLC.

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)

21301 Powerline Rd. Suite 304  
Boca Raton, Florida  
33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21301 Powerline Rd. # 304  
Boca Raton, Florida  
33433

**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:

21301 Powerline Rd. Suite 304  
Enter Florida street address  
Boca Raton, Florida 33433  
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

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TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Rebecca Klasfeld	21301 Powerline Rd. #304 Boca Raton, FL 33433	<input checked="" 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
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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 AUGUST 10, 2015, 2015

Rebecca Kiasfeld

Signature of a member or authorized representative of a member

Rebecca Kiasfeld

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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