L14000077707

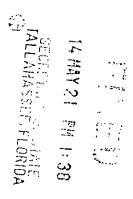
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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ASSISTED MAY 2 a 2014

COVER LETTER

TO: Registration Se Division of Cor			·
SUBJECT: Adlo	lescent Distinct	Services	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return ail correspo	ondence concerning this matter	to the following:	
·	James	M SMan v S Name of Person	
		Name of Person	
			
		Firm/Company	
	4425 Militar	ry Kail #110 Address	
		Address	
	Tupiter	City/State and Zip Code	
	McManys Counsel E-mail address: (ing G Gmail. Lom to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c		
James M)smanus	. 5W 574-14	· Un
Name o	f Person	at (561) 529-14 Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

A clolescent Dutpatent Serv (Name of the Limited Liability Compan	rices LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L14000077307</u>	were filed on May 13th 2014	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabil	ity company here:	
Family First Outpatient Services LLC The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	NA	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	——————————————————————————————————————	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, ente	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address Florida	52 - (*** 52 - (***)
New Registered Agent's Signature, if changing Registered Agent:	Cny	D 240 085
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am covided for in Chapter 605, F.S. O	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

	Λ/Δ
	/ / / / /
	
	•
Effective date, if	f other than the date of filing:
the date this docume	f other than the date of filing:
the date this docume	ent is filed by the Florida Department of State)
the date this docume	ent is filed by the Florida Department of State)
the date this docume	ent is filed by the Florida Department of State) Out 15th 2014.

Page 3 of 3

Filing Fee: \$25.00