

L14000168603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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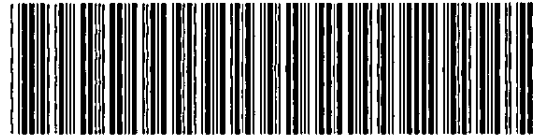
(Business Entity Name)

(Document Number)

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2017 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
MAY 1 2 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 636041 7230790

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 10, 2017

ORDER TIME : 10:07 AM

ORDER NO. : 636041-005

CUSTOMER NO: 7230790

DOMESTIC AMENDMENT FILING

NAME: ORIGINS BEHAVIORAL HEALTHCARE
OF FLORIDA, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: _____

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

Origins Behavioral Healthcare of Florida, 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 10/29/2014 and assigned
Florida document number L14000168603.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4001 Maple Avenue Suite 600

(Principal office address MUST BE A STREET ADDRESS)

Dallas, Texas 75219

Enter new mailing address, if applicable:

4001 Maple Avenue Suite 600

(Mailing address MAY BE A POST OFFICE BOX)

Dallas, Texas 75219

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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

Enter Florida street address

Tallahassee

, Florida 32301

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.

Melissa Zender

Asst. Vice President

M. Zender
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nathaniel L. Doliner	4221 W. Boy Scout Blvd.	<input type="checkbox"/> Add
		Suite 1000	<input checked="" type="checkbox"/> Remove
		Tampa, Florida 33607	<input type="checkbox"/> Change
AMBR	Robert B. Rowling, Jr.	4001 Maple Avenue	<input checked="" type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Dallas, Texas 75219	<input type="checkbox"/> Change
AMBR	Andrew Rothermel	4001 Maple Avenue	<input checked="" type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Dallas, Texas 75219	<input type="checkbox"/> Change
AMBR	Paul A. Jorge	4001 Maple Avenue	<input checked="" type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Dallas, Texas 75219	<input type="checkbox"/> Change
AMBR	Michael Frantz	4001 Maple Avenue	<input checked="" type="checkbox"/> Add
		Suite 600	<input type="checkbox"/> Remove
		Dallas, Texas 75219	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


17

ALL 6:35

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 May 10 2017

y 10 
Signature
Paul A. Jorge, Vice President

Signature of a member or authorized representative of a member

Paul A. Jorge *W* Vice President

Typed or printed name of signee