

L15000019853

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DEPT OF STATE
TALLAHASSEE, FLORIDA

2015 JUN 29 AM 11:38

FILED

K. SALY
EXAMINER
JUL -1 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A + Behavioral Health Center 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:

Ileana Hernandez

Name of Person

A + Behavioral Health Center LLC

Firm/Company

7811 Coral Way Suite 134

Address

Miami FL 33155

City/State and Zip Code

aplusbhc@gmail.com

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

For further information concerning this matter, please call:

Ileana Hernandez

305

266 8889

at (_____) _____

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**

A + Behavioral Health Center LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2015 JUN 29 AM 11:38
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/2/2015 and assigned
Florida document number L15000019853.

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:

7811 Coral Way Suite 134

(Principal office address MUST BE A STREET ADDRESS)

Miami FL 33155

Enter new mailing address, if applicable:

7811 Coral Way Suite 134

(Mailing address MAY BE A POST OFFICE BOX)

Miami FL 33155

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:

Enter Florida street address

City, **Florida**

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	A+Case Management Services Inc.	7811 Coral Way Suite 134 Miami	<input checked="" type="checkbox"/> Add
		FL 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

FILED
JUN 29 11:08
TALLAHASSEE, FL
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

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

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-29-2015 BY SP4 BTJ/KAL

JUN 29 2015

APR 11 1988

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 24th, 2015

Signature of a member or authorized representative of a member

Ileana Hernandez

Typed or printed name of signee