L150000 28642

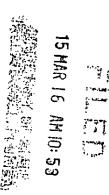
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COVER LETTER

TO:	Registration Sec Division of Corp		, q	*
SUBJEC	SunCare	Psychiatric Services, I	LLC	
SUBJEC	VI:	Name of Lim	nited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Cheryl McLean	,	
		MARKAN Share	Name of Person	
		SunCare Psychiatric	c Services, LLC	
			Firm/Company	
		1662 McKay Ct		
			Address	-
		Dunedin, FL 34698		
			City/State and Zip Code	
		cheryl.mclean@live.d		· · · · · · · · · · · · · · · · · · ·
			to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Chery	McLean		727 744-8686	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for the	e following amount:		
□ \$25.0	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

SunCare Psychiatric Serv			
(Name of the Lim	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited I Florida document number <u>L15000028642</u>	Liability Company were t	filed on <u>02/09/15</u>	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability co	ompany here:	
The new name must be distinguishable and end with the	e words "Limited Liability Co	mpany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STRE	ET ADDRESS)		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and registered agent and/or the new registered of	-	ddress on our records, g	enter the name of the new
Name of New Registered Agent:	Cheryl McLean		HAR
New Registered Office Address:	1662 McKay Ct		源 章 /m
		Enter Florida street address	E C
	Dunedin	, Flori	วังลักอยา
		14.	"Vis" Zin Coda

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cheryl McLean	1662 McKay Ct	■ Add
,		Dunedin, FL 34698	□ Remove
AMBR	Carl McLean	1662 McKay Ct	A dd
		Dunedin, FL 34698	□ Remove
			Add
			☐ Remove
	11		□\$\frac{1}{2}\dd \dd \dd \dd \dd \dd \dd \dd \dd \dd
			AH 171 00 173 23 23 24 24 24 24 24 24 24 24 24 24 24 24 24
			□ Remove
			□ Add
			□ Remove

It amending any other information	tion, enter change(s) here: (Attach add	utional sneets, if necessary.)
	, , , , , , , , , , , , , , , , , , , ,	
-	y	
Effective date, if other than the The effective date must be specific, cann- the date this document is filed by the Flo	date of filing:	(optional) not be more than 90 days after
Dated March 13		
\mathcal{M}		
\mathcal{M}	Signature of a member or authorized representa	tive of a member

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Filing Fee: \$25.00

