

L15000120854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

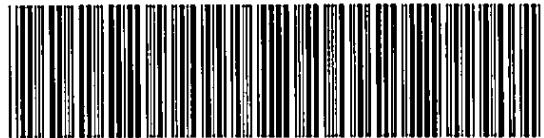
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2018 DEC 11 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

*OK
included*

November 20, 2018

ELBA FLORES
8614 BRACKENWOOD DR
ORLANDO, FL 32829

SUBJECT: PROFESSIONAL PSYCHIATRIC SERVICES, LLC
Ref. Number: L15000120854

We have received your document for PROFESSIONAL PSYCHIATRIC SERVICES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 318A00023842

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2018 DEC -7 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2018 DEC 11 PM 2:27

Professional Psychiatric Services

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/14/2015 and assigned
Florida document number L15000120854.

This amendment is submitted to amend the following:

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

Professional Psychiatric Services, LLC

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:

Andres Montalvo

(Principal office address MUST BE A STREET ADDRESS)

8614 Brackenwood Dr

Orlando, FL 32829

Enter new mailing address, if applicable:

8614 Brackenwood Dr

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32829

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:

Elba Flores

New Registered Office Address:

8614 Brackenwood Dr

Enter Florida street address

Orlando


Florida 32829

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

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>
Mr	Andres Montalvo	8614 Brackenwood Dr	<input checked="" type="checkbox"/> Add
		Orlando, FL 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mrs	Elba Flores	8614 Brackenwood Dr	<input checked="" type="checkbox"/> Add
		Orlando, FL 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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01/01/2018

F. 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.

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

Dated 10/29/2018

Signature of a member or authorized representative of a member

Andres Montalvo

Typed or printed name of signee