

2015-09-23 04:33:28 PDT

LegalZoom.com, Inc. From: Tierra Fisher

9/23/2015

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
METROPOLITAN BEHAVIOR HEALTH SERVICES, LLC

Certificate of Status	0
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Page Count	06
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SEP 24 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Metropolitan Behavior Health Services, 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

msagesse2003@gmail.com

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

For further information concerning this matter, please call:

Imelda Vasquez

at (323)

962-8600 ext 7950

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

FILED
15 SEP 23 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Metropolitan Behavior Health Services, 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 07/20/2015 and assigned
Florida document number L15000123723.

This amendment is submitted to amend the following:

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

Metropolitan Behavioral Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1301 Riverplace Blvd., Suite 800

Jacksonville, 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1301 Riverplace Blvd., Suite 800

Jacksonville, 32207

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 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MILOUSE SAGESSE	1301 Riverplace Blvd., Suite 800	<input type="checkbox"/> Add
		Jacksonville, 32207	<input checked="" type="checkbox"/> Remove
AMBR	MILOUSE SAGESSE	1301 Riverplace Blvd., Suite 800	<input checked="" type="checkbox"/> Add
		Jacksonville, 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

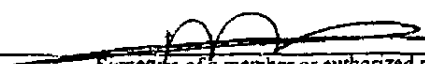
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TALLAHASSEE, FLORIDA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 23, 2015



Signature of a member or authorized representative of a member

MILOUSE SAGESSE

Typed or printed name of signee

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Filing Fee: \$25.00

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15 SEP 23 AM 11:46
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TALLAHASSEE, FLORIDA