

# L15000012372

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(City/State/Zip/Phone #)

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WAIT

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MAIL

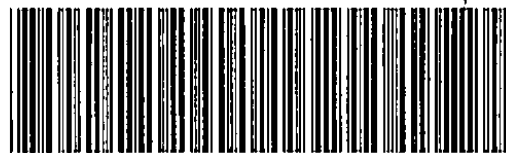
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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ALBRITTON

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Metropolitan Behavioral Services, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Millie Sargent  
Name of Person

Metropolitan Behavioral Services, LLC  
Firm/Company

1301 Highway 90 Suite 800  
Address

Jacksonville FL 32207  
City/State and Zip Code

m.sargent@metropolitanbts.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Millie Sargent at 904 562-1391  
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

RECEIVED  
SEP 11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2019

MILLIE SAGESSE 2ND MAILING  
4741 ATLANTIC BLVD C  
JACKSONVILLE, FL 32207

SUBJECT: METROPOLITAN BEHAVIORAL SERVICES, LLC  
Ref. Number: L15000123723

We have received your document for METROPOLITAN BEHAVIORAL 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 \$25.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 419A00019603



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2019

MILLIE SAGESSE  
1301 RIVERPLACE BLVD 400  
JACKSONVILLE, FL 32207

SUBJECT: METROPOLITAN BEHAVIORAL SERVICES, LLC  
Ref. Number: L15000123723

We have received your document for METROPOLITAN BEHAVIORAL 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 \$25.00.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 419A00019603

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

METROPOLITAN BEHAVIORAL 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 July 15<sup>th</sup> 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:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Metropolitan Behavioral Services  
4741 Atlantic Blvd Suite C  
Jacksonville, FL 32207

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1301 Riverplace Blvd Suite C  
Jacksonville, FL 32207

**B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Millie Scazzose

New Registered Office Address:

1301 Riverplace Blvd Suite C

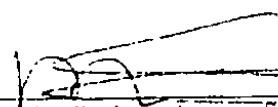
Enter Florida street address

Jacksonville  
City

Florida 32207  
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, 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 b  
or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
<u>AMBR</u>	<u>Michelle Sapp</u>		<input type="checkbox"/> Add
			<input type="checkbox"/> Rem
		<u>1301 Riverchase Blvd Suite C</u>	<input checked="" type="checkbox"/> Chan
		<u>Jacksonville, FL 32207</u>	<input type="checkbox"/> Add
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**Effective date, if other than the date of filing:** \_\_\_\_\_ (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 64  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

Dated \_\_\_\_\_, \_\_\_\_\_.

Miller Soc. 250c

**Filing Fee: \$25.00**