

K15000126315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

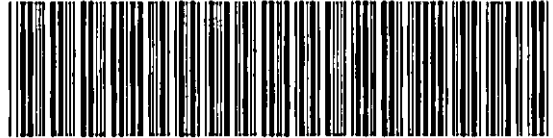
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

MAY 25 2022

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL IN BEHAVIORAL HEALTH 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:

Harry J. Ross, Esquire

Name of Person

Law Office of Harry J. Ross

Firm/Company

6100 Glades Road - Suite 211

Address

Boca Raton, Florida 33434

City/State and Zip Code

hross@hjrlaw.com

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

For further information concerning this matter, please call:

Harry J. Ross

561 482-2400  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

APR 25 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FL

**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>                      |
|--------------|-------------|----------------------------------|--|
| MGR          | LUKE PECK   | 4875 Park Ridge Blvd., Suite 103 | <input type="checkbox"/> Add               |
|              |             | Boynton Beach, FL 33426          | <input type="checkbox"/> Remove            |
|              |             |                                  | <input checked="" type="checkbox"/> Change |
| MGR          | DENNIS RYAN | 4875 Park Ridge Blvd., Suite 103 | <input checked="" type="checkbox"/> Add    |
|              |             | Boynton Beach, FL 33426          | <input type="checkbox"/> Remove            |
|              |             |                                  | <input type="checkbox"/> Change            |
|              |             |                                  | <input type="checkbox"/> Add               |
|              |             |                                  | <input type="checkbox"/> Remove            |
|              |             |                                  | <input type="checkbox"/> Change            |
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|              |             |                                  | <input type="checkbox"/> Add               |
|              |             |                                  | <input type="checkbox"/> Remove            |
|              |             |                                  | <input type="checkbox"/> Change            |
|              |             |                                  | <input type="checkbox"/> Add               |
|              |             |                                  | <input type="checkbox"/> Remove            |
|              |             |                                  | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee