15000126315

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SECRETARY OF STAT

COVER LETTER

Registration So Division of Co					
ALL IN BE	HAVIORAL HEALTH LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Harry J. Ross, Esquire				
		Name of Person			
	Law Office of Harry J. Ross				
	Firm/Company				
	6100 Glades Road - Suit	e 211			
		Address			
	Boca Raton, Florida 33	434			
		City/State and Zip Code			
	hross@hjrlaw.com	to be used for future annual repo	ort notification)		
For further information of	concerning this matter, please co	·			
Harry J. Ross		561 482-24	400		
Name o	of Person	at () Area Code I	Daytime Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Section 1 Section 2 Section 2 Section 2 Section 2 Section 3 Sectio		
<u>Mailing Addre</u> Registration		Street Addre			
Division of (Registration Section Division of Corporations			
P.O. Box 633	•	The Centre of Tallahassee			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

ALL IN BEHAVIORAL HEALTH LLC

CHAT 25 CH 12 16

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

TALLAHASSEE. FL

The Articles of Organization for this Limited Liability Company v	vere filed on July 23, 2015	and assigned
Florida document number L15000126315		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili"	ly Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
		Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

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>	Address	Type of Action
MGR 	LUKE PECK	4875 Park Ridge Blvd., Suite 103	
		Boynton Beach, FL 33426	Remove
			Change
MGR	DENNIS RYAN	4875 Park Ridge Blvd., Suite 103	■Add
		Boynton Beach, FL 33426	
			Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
	 		
			□Remove
			□Change
			□Add
			□Remove
			□ Change

				
				
				
				
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		<u> </u>		
				
Iffective date, if other than an effective date is listed, the date Note: If the date inserted in this locument's effective date on the	must be specific and cannot be a slock does not meet the ap	prior to date of filing or moplicable statutory filin	(option: nore than 90 days after filing g requirements, this day	ng.) Pursuant to 605.0207
record specifies a delayed effe d is filed.	ctive date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
Dated May 23	2022	·		
<i>10</i> -				
	Signature of a member or	authorized representative	of a member	