

# L16000067-556

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : BRENNAN, MANNA & DIAMOND, P.L.  
Account Number : I20040000104  
Phone : (904) 366-1500  
Fax Number : (904) 366-1501

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: CAWALKER@BMDPL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
VICTORIA BEHAVIORAL HEALTH HOSPITAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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VICTORIA BEHAVIORAL HEALTH HOSPITAL LLC  
TALLAHASSEE, FLORIDA

APR 08 2016

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Victoria Behavioral Health Hospital 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:

Christopher A. Walker

Name of Person

Brennan, Manna, and Diamond, P.L.

Firm/Company

800 West Monroe Street

Address

Jacksonville, Florida 32202

City/State and Zip Code

cawalker@bmdpl.com

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

For further information concerning this matter, please call:

Christopher A. Walker

904

366-1500

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Victoria Behavioral Health Hospital 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 April 6, 2016 and assigned  
Florida document number L16000067556

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 "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 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

Florida

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

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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	1010 Develop Corp	115 N Riverside Drive, Suite 207	<input type="checkbox"/> Add
		Pompano Beach, Florida 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	1010 Development Group LLC	115 N Riverside Drive, Suite 207	<input checked="" type="checkbox"/> Add
		Pompano Beach, Florida 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

**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.

Dated April 6,

2016

~~Signature of a member or authorized representative of a member~~

Christopher A. Walker

Typed or printed name of signee

**Filing Fee: \$25.00**

09/04/2013 08:04