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(Re	questor's Name)	
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(Bu	siness Entity Name)
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I ALBRITTON

COVER LETTER

TO: Registration S Division of Co			
	10.	. *	
SUBJECT:	<u>Jtíle</u>	HUC :	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	less.	Name of Person	
		Firm/Company	
	150 Boar	Springs Dr Ap	F116
	_ Winters	Manys F1 3270 City/State and Zip Code	<u> </u>
	E-mail address: (to be used for future annual report notification	prapy 1, con
For further information	concerning this matter, please c	all:	
<u>Jen Qe</u> Name	of Person	at (321) 629-cs Area Code Daytime Telep	phone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addro</u> Registration		<u>Street Address:</u> Registration Section	
-	Corporations	Division of Corporat	
P.O. Box 63	•	The Centre of Tallah	
Tallahassee.	FL 32314	2415 N. Monroe Stre	eet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP:10+1	LCC.	8.,
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>4/18/2</u> 9	o (6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
First Step Therapy LM. The new name must be distinguishable and contain the words Limited Liabil	HC LLC lity Company," the designation "L	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	555 Winder	1 Place.
(Principal office address MUST BE A STREET ADDRESS)	Suite 300 - Maitkind, F.	1 32.75-1
Enter new mailing address, if applicable:	150 Bea 1 Sps:	145 Dr Apt 116 45, F1 32708
(Mailing address MAY BE A POST OFFICE BOX)	Winter Spring	45, F1 32708
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	tress
		Florida

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 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
NA	NA	_a/A	
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			Change
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te.	ve date, if other than the date of filing:
core	d 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
ted _	11/30/20
	Signature of a member or authorized representative of a member
	1
	10nn to 1 to 10 F

Filing Fee: \$25.00

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