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SECRETARY OF STATE

K SALY DEC 12 2017

COVER LETTER

TÒ:	Registration Sec Division of Corp			
eun i	Mental War	d, LLC		
20B1	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Danielle J. Butler		
			Name of Person	
		Luxury Law Group		
			Firm/Company	
		909 East Las Olas Blvd.		
			Address	
		Fort Lauderdale, FL 33301		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	cation)
For fu	irther information co	oncerning this matter, please co	all:	
Chere	ell Murphy-Jones		954 745-0799 at ()	
_	Name of	Person		Telephone Number
Enclo	sed is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2017 DEC 11 PA 2:51

FALLAHASSEE FLORIDA

Mental Ward, LLC

company has been notified in writing of this change.

(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 Compa	ny were filed on 06/10/2	2016 and assigned
Florida document number L16000113071		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the design	nation "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 ou	ur records, enter the name of the
registered agent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida .	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	гір соце
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple		
accept the obligations of my position as registered agent a		

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

• 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>	Type of Action
MGR	Anthony Treglia	2606 Acacia Court	
		Fort Lauderdale, FL 33301	Remove
			Change
			□ Add
			Remove
			Change
			CREDIO Remove
			F S 1 Adden
			Z- □ Remove
			□ Change
			□ Remove
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			Remove
			☐ Change

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e. Em	ctive date, if other than the date of filing: (optional)
(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 605.0207 e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
doc	iment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of the point $12:01$ a.m. on the earlier of the point $12:01$ a.m. on the earlier of $12:01$ a.m. of $12:01$ a.m. on the earlier of $12:01$ a.m. of $12:01$
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Page 3 of 3

Filing Fee: \$25.00