

46000118629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

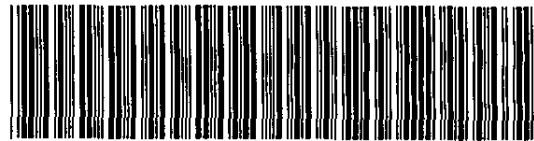
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TALLAHASSEE, FLORIDA
16 OCT 25 PM 4:37



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2016

JOEL RODRIGUEZ
8100 WEST FLAGLER STREET STE 101
MIAMI, FL 33144

SUBJECT: BLUE OCEANS MENTAL HEALTH SERVICES, LLC.
Ref. Number: L16000118629

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We have received your document for BLUE OCEANS MENTAL HEALTH SERVICES, LLC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 016A00023129

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLUE OCEANS MENTAL HEALTH SERVICES, 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:

JOEL RODRIGUEZ

Name of Person

BLUE OCEANS MENTAL HEALTH SERVICES, LLC.

Firm/Company

8100 WEST FLAGLER STREET SUITE 101

Address

MIAMI FL 33144

City/State and Zip Code

MENTALHEALTHSERVICES@OCEANE7.US

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

For further information concerning this matter, please call:

JOEL RODRIGUEZ 305 261-2738
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

BLUE OCEANS MENTAL HEALTH SERVICES,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 JUNE 20,2016 and assigned
Florida document number L16000118629.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

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

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	SILVIA B ARAP	8540 BYRON AVENUE APT#1A	<input checked="" type="checkbox"/> Add
		MIAMI BEACH FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MIGUEL EMERIO VEGA	8911 RIDGELAND DR	<input checked="" type="checkbox"/> Add
		MIAMI FL 33157	<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"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective 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 (3)(b)

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.

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.

Dated 04 November, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signer

Typed or printed name of signee