

Nov. 16. 2016 5:04PM

L16000129908

No. 0058 P. 1

Division of Corporations

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

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Phone : (407) 843-8880  
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UNITY BEHAVIORAL HEALTH, LLC

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

Unity Behavioral Health, 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 July 8, 2016 and assigned  
Florida document number L16000129908.

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

City, Florida 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

Title	Name	Address	Type of Action
MGR	Donald L. Stimely	9058 Winding Woods Drive	<input type="checkbox"/> Add
		Lake Worth, FL 33467	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph Monastra	14886 62nd CT N	<input type="checkbox"/> Add
		Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Phoenix Behavioral Healthcare, LLC	630 US Highway One	<input checked="" type="checkbox"/> Add
		North Palm Beach, FL 33408	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 November 15<sup>th</sup>, 2016

Jason Aelkner

**Filing Fee: \$25.00**

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