

L16000137885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GORDIUM MENTAL HEALTH, 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:

ARPANA SHIVDASANI
Name of Person

GORDIUM MENTAL HEALTH LLC
Firm/Company

4723 W. ATLANTIC AVE, SUITE 21
Address

DELRAY BEACH, FL 33445
City/State and Zip Code

ashivdasani@gordiumhealthcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARPANA SHIVDASANI at (561) 562-0674
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 &
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

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

GORDIUM MENTAL 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 7/22/2016 and assigned Florida document number L16000137885.

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)

4723 W. Atlantic Ave.

Suite 21

Delray Beach, FL 33445

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4723 W. Atlantic Ave.

Suite 19

Delray Beach, FL 33445

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

If amehding 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>
AMBR	Domus Leonum Holdings LLC	4723 W. Atlantic Ave	<input type="checkbox"/> Add
		Suite 20, Delray Beach, FL	<input checked="" type="checkbox"/> Remove
		33445	<input type="checkbox"/> Change
AMBR	Gordium Healthcare LLC	4723 W. Atlantic Ave.	<input type="checkbox"/> Add
		Suite 20, Delray Beach	<input checked="" type="checkbox"/> Remove
		FL 33445.	<input type="checkbox"/> Change
AMBR	Arpana Shivdasani	4723 W. Atlantic Ave.	<input checked="" type="checkbox"/> Add
		Suite 21, Delray Beach	<input type="checkbox"/> Remove
		FL - 33445	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF COURT
HALLANDALE BEACH, FLORIDA

16 DEC -8 PM 8:28
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535
TELEPHONE ROOM
TELETYPE UNIT
MAIL ROOM
RECORDS SECTION
TRAINING CENTER
LABORATORY
LIBRARY
OFFICE OF THE DIRECTOR
OFFICE OF THE ASSISTANT DIRECTOR
OFFICE OF THE CHIEF OF BUREAU
OFFICE OF THE CHIEF OF FIELD OFFICES
OFFICE OF THE CHIEF OF IDENTIFICATION
OFFICE OF THE CHIEF OF INSPECTION
OFFICE OF THE CHIEF OF INVESTIGATION
OFFICE OF THE CHIEF OF LABORATORY
OFFICE OF THE CHIEF OF LIBRARY
OFFICE OF THE CHIEF OF RECORDS
OFFICE OF THE CHIEF OF TRAINING
OFFICE OF THE CHIEF OF TELETYPE
OFFICE OF THE CHIEF OF TELEPHONE
OFFICE OF THE CHIEF OF MAIL
OFFICE OF THE CHIEF OF RECEPTION
OFFICE OF THE CHIEF OF SECURITY
OFFICE OF THE CHIEF OF TRAFFIC
OFFICE OF THE CHIEF OF TRANSPORTATION
OFFICE OF THE CHIEF OF VISITATION
OFFICE OF THE CHIEF OF WELFARE
OFFICE OF THE CHIEF OF WORK


16 DEC -8 PM 8: 28
 DEPT. OF STATE
 WASHINGTON, D.C.
 TELETYPE UNIT

(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)

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 12/01/2016

_____, _____


 are of a member or authorized representative of

Signature of a member or authorized representative of a member

ARPANA SHIVDASANI

Typed or printed name of signee