

Florida Department of State

Division of Corporations
Electronic-Filing Cover-Sheet

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To:

Division of Corporations

Fax Number : (850)

: (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880

Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Arnold.Zipper@gray-robinson.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OUTPATIENT HEALTH SERVICES, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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Electronic Filing Menu

Corporate Filing Menu

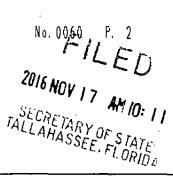
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| One take the control of the control |
|---|
| Outpatient Realth 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 September 13, 2016 and assigned Florida document number L16000171221 |
| 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 Perintered Office Address: |
| 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 |

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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 |
|-------|------------------------------------|----------------------------|--|
| MOR | Donald L. Stimely | 9058 Winding Woods Drive | |
| | | Lake Worth, FL 33467 | ■ Remove |
| | | | Change |
| MGR | Joseph C Monastra | 14886 62nd CT N | |
| | | Loxahatchee, FL 33470 | Remove |
| | | | Change |
| MGR | Phoenix Bchavioral Healthcare, LLC | 630 US Highway One | Add |
| | | North Palm Beach, PL 33408 | Remove |
| | | | ☐ Change |
| | | | D Add |
| | | | Remove TALLAHAS SEE, FLORIUM Change TALLAHAS SEE, FLORIUM |
| | | | Add □ Remove |
| | | | Change |

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| Note: docum | If the date inserted ent's effective date cord specifies a | than the date of filing a date must be specific and in this block does not me on the Department of St delayed effective dathe record is filed. | cet the applicable state's records. | atutory filing requi | rements, this date | will not be listed | as the |
| Doted | November | 15th | 2016 | | | | |
| Dated | | , | | | | | |
| | | يب | | | | | |
| | | Signature of a m | nomber or authorized in | opresentative of a m | ember | | |
| | | | | | | | |
| | | Jason | Ack new Typed or printed name | e of signes | | | |
| | | | | | | | |

Fifing Fee: \$25.00