LI6 000 204423

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
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(Doc	ument Number)	1
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

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T. MATTHEWS JUN 15 2022

COVER LETTER

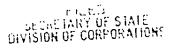
Tallahassee, FL 32314

TO: Registration S Division of Co					
CONTRACTOR CONTRACTOR	chavioral Holdings LLC				
SUBJECT.	Name of Lin	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Cristic Smith				
		Name of Person			
	Success Behavioral Holdin	ngs LLC			
		Firm/Company			
	1555 Palm Beach Lakes B	1555 Palm Beach Lakes Blvd Suite 1105			
	Address				
	West Palm Beach, FL 334	101			
		City/State and Zip Code			
	cristie@successtms.com	to be used for future annual report noti-	X		
For further information	concerning this matter, please e	•	neation)		
	concerning this matter, piease e				
Cristie Smith	at ()				
Name	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for	the 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 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addro</u> Registration		Street Address: Registration Sec	ction		
Division of 0		Division of Cor			
P.O. Box 63		The Centre of T	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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	ited Liability Company as it now appear (A Florida Limited Liability Company)	ars on our records.)
	(A Florida Entined Liability Company)	
The Articles of Organization for this Limited I	Liability Company were filed on $\frac{1}{2}$	1/07/2016 and assigned
Florida document number L16000204423		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company l	<u>nere</u> :
he 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 appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	· ·	
Enter new mailing address, if applicable:		
•		
•	<u></u>	
•	<u> </u>	
Mailing address MAY BE A POST OFFICE		records, enter the name of the new reg
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our	records, <u>enter the name of the new reg</u>
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our	records, <u>enter the name of the new reg</u>
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our	records, <u>enter the name of the new reg</u>
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on our ess here:	
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our ess here: Cristic Smith 1555 Palm Beach Lakes Blvd St	
	registered office address on our ess here: Cristic Smith 1555 Palm Beach Lakes Blvd St	e 1105

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>	Address	Type of Action
MGR	Jonathan Michel	1555 Palm Beach Lakes Blvd Suite 1105	□ Add
		West Palm Beach, FL 33401	≘Remove
			□ Change
			□ Add
			Remove
			□Change
		□Add	
			□Remove
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an ef ote:	ive date, if other than the date of filing:
recor	d 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 led.
ated	· · · · · · · · · · · · · · · · · · ·
	——————————————————————————————————————
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00