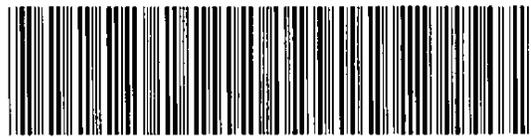


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06/20/17--01021--021 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

JUN 21 2017

V CULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BALANCED Psychiatric Solutions, 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:

Jennifer Gould

Name of Person

BALANCED Psychiatric Solutions

Firm/Company

6131 10th Avenue South

Address

GULFPORT, FL 33707

City/State and Zip Code

Jennygould90@gmail.com

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

For further information concerning this matter, please call:

Jennifer Gould

Name of Person

at (404)

Area Code

433 1037

Daytime 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 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

BALANCED PSYCHIATRIC SOLUTIONS, 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 4/17/17 and assigned Florida document number L17000085116

This amendment is submitted to amend the following:

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

BALANCED PSYCHIATRIC SOLUTIONS, PLLC

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)

1101 9th AVENUE NORTH
ST. PETERSBURG, FL
33705

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6131 10th AVENUE S
GULFPORT, FL 33707

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

FILED
17 JUN 20 4 49 PM
TALLAHASSEE, FLORIDA

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>
AMBR	ROBIN FUTCH	6131 10 th AVENUE S	<input type="checkbox"/> Add
		GULFPORT, FL 33707	<input checked="" 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

17 JUN 2008
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 MISSISSAUGA, ONTARIO
 CANADA

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

Changed to PLLC for establishment
of MEDICAL PRACTICE & LICENSED
MEDICAL PRACTITIONERS.

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17 JUN 20 AM 8:49
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

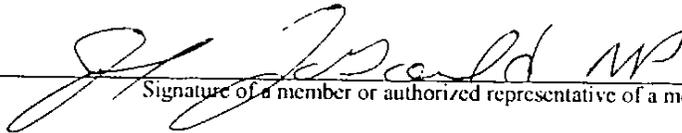
E. Effective date, if other than the date of filing: 6/11/17 (optional)

(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 June 12, 2017.


Signature of a member or authorized representative of a member

Jennifer J. GOULD M.D.

Typed or printed name of signer