

LI7000128941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

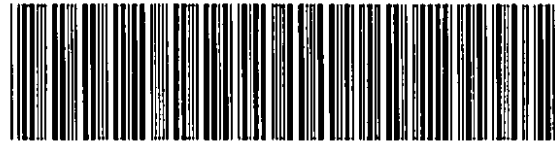
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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06/30/17--01007--034 **25.00

FILED
17 JUL 17 AM 10:09
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

S. WARREN

JUL 18 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2017

DIANA BROOKINS
1409 PARROT WAY
LONGWOOD, FL 32750

SUBJECT: SMART BEHAVIORAL SOLUTIONS SERVICES, LLC
Ref. Number: L17000128941

We have received your document for SMART BEHAVIORAL SOLUTIONS SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 917A00013712

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smart Behavioral Solutions Services, 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:

Diana Brookins

Name of Person

Smart Behavioral Solutions Services, LLC

Firm/Company

1409 Parrot Way

Address

Longwood, FL 32750

City/State and Zip Code

Smart.behavior.007@gmail.com

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

For further information concerning this matter, please call:

Diana Brookins

Name of Person

at (907)

Area Code

325-7043

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**

Smart Behavioral Solutions 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 6/11/17 and assigned
Florida document number L17000128941

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

_____, 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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JUN 17 AM 10:09
TALLAHASSEE, FL
IDA

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

	17 JUL 17 AM 10:09	<input type="checkbox"/> Remove
	STATE OF FLORIDA	<input type="checkbox"/> Change
	ALLAHUSSEIN, ILIYAS	<input type="checkbox"/> Add
	SEVENTH FLOOR	<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

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

Changing title for both parties

E. Effective date, if other than the date of filing: _____ (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 _____

Diana Brookins
Signature of a member or authorized representative of a member

Diana Brookins
Typed or printed name of signer

FILED
17 JUL 17 AM 10:09
RECORDING STATE
MAIL ROOM
TALLAHASSEE, FLORIDA