

L17000128941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

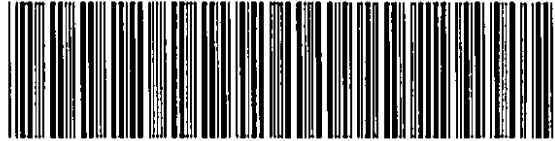
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



000300836610

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 at (907) 325-7043
Name of Person Area Code 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

FILED
JUN 17 AM 10:09
TALLAHASSEE, FLORIDA

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

AMBR Diana Brookins 1409 Parrot Way Add
 _____ Remove
 _____ Change

AMBR Marianne Byfield 450 Raymond Ave Add
 _____ Remove
 _____ Change

_____ Add
 _____ Remove

_____ Change

_____ Add

_____ Remove

_____ Change

_____ Add

_____ Remove

_____ Change

_____ Add

_____ Remove

_____ Change

SECRETARY OF STATE
 CALLAHAN, OSSEGE, FLORIDA
 17 JUL 17 AM 10:09

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 signee

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