

L17000128941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

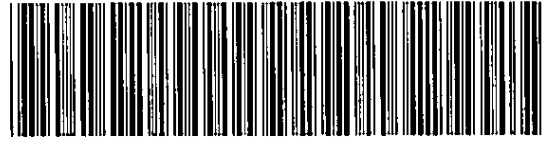
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500389911835

00 34720 01035 000 \*#8 1.00

FILED

2022 JUN 24 AM 6:12

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER  
SEP 19 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Smart Behavioral Solution 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:

Marianne Byfield  
Name of Person

Smart Behavioral Solution Services, LLC  
Firm/Company

450 Raymond Ave  
Address

Longwood, FL 32750  
City/State and Zip Code

mbyfield5@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marianne Byfield at (407) 462-9900  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Dana J. Brookins  Remove  
1409 Parrot Way  
Longwood, FL 32750  Change

_____	_____	_____ <input type="checkbox"/> Add
_____	_____	_____ <input type="checkbox"/> Remove
_____	_____	_____ <input type="checkbox"/> Change
_____	_____	_____ <input type="checkbox"/> Add
_____	_____	_____ <input type="checkbox"/> Remove
_____	_____	_____ <input type="checkbox"/> Change
_____	_____	_____ <input type="checkbox"/> Add
_____	_____	_____ <input type="checkbox"/> Remove
_____	_____	_____ <input type="checkbox"/> Change
_____	_____	_____ <input type="checkbox"/> Add
_____	_____	_____ <input type="checkbox"/> Remove
_____	_____	_____ <input type="checkbox"/> Change

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

\_\_\_\_\_

\_\_\_\_\_

