L17000128941

(Requi	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	state/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



500389911835

01 34:02: 01005 - 604 - **8 A.BC

FINED

2022 JUN 24 AH 6: 12

SECRETAIN OF STATE
FAIL AND SEFE INTE

A. BUTLER SEP 1 9 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 Persons
Smart Behavioral Solution Services, LLC
450 Raymond Ave
Longwood F-L 32750 City/State and Zip Code
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: S25.00 Filing Fee S30.00 Filing Fee S55.00 Filing Fee S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

(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 onand assigned
Florida document number <u>L17000128941</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here was 1500 1500 1500 1500 1500 1500 1500 150
The state of the s
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) 450 Raymond Avenue Longwood, FL 3.2750
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) - 450 Raymond Avenue Longwood, FL 32750
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: Maijanne Byfield
New Registered Office Address: 430 Raymond Ave Enter Florida street address
Longwood Florida 32750
City Ztp 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.
Marianne P Bybull
If Changing Registered Agent, <u>Signature of New Registered Agent</u> If amending Authorized Person(s) authorized to manage, <u>enter the title</u> , <u>name</u> , and <u>address of each person_being added or removed from our records</u> :
MGR = Manager AMBR = Authorized Member

<u>Address</u>

MGR Marianne Byfield 450 Raymond Ave. Mad

<u>Title</u>

<u>Name</u>

Type of Action

•		Dana J. Brookins	_ X Remove
		Dana J Brookins 1409 Parrot Way Longwood, FL 32750	<i>(-1, -1, -1, -1, -1, -1, -1, -1, -1, -1, </i>
		Longwood, PL 32750	_□Change
			_□ A dd
			_□Remove
			_□Change
			_□Add
			_□Remove
			_□Change
			□Add
			□Remove
			□Change
			□Add
			□Remov
			□Change
			□Add
			□Remov
			□Change
). If amending	g any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	□Cha

· ·

.

· _ 					
					
					
				 	
			·		
-					
		-			-
					-
			 -		-
					-
					
					_
		<u></u>			_
					-
		1 1 2	10000		
Mostive date if ath	ner than the date of filing:	6123	12022		
	ici man me date or ming.			-	
(optional)			e 151	al	CIVE
f an effective date is liste	ed, the date must be specific and c	annot be prior to date of	of filing or more than 90	cays after tining.) rursuam	to ous ballet
(3)(b) Note: If the date	e inserted in this block does not	meet the applicable	staintory tiling tednit	ements, this date will not	oc rist
the document's effective	ve date on the Department of S	tate's records.			
record specifies a del	layed effective date, but not an	effective time, at 12:	01 a.m. on the earlier	of: (b) The 90th day afte	r the re
ed.	-				

Dated 6/23/2022

Marantel Byfuld

Signature of a member or authorized representative of a member