

L17000136860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

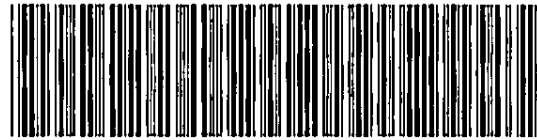
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Cristina gave authorization  
to add LLC to both  
names. 1/13  
dec

Pg 1

Office Use Only



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11/18/19--01013--001 ++30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JAN 13 PM 5:00

JAN 13 2020

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ESPERANSA BEHAVIORAL HEALTH AND ADDICTION  
Name of Limited Liability Company SERVICES, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jimmy P. Cassis  
Name of Person  
  
SB41 NE 21 Way  
Firm/Company  
Address  
  
Ft. Lauderdale, FL, 33308  
City/State and Zip Code  
  
Cris1858jim@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana C. Rodriguez at 954 591 6377  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
20 JAN 13 PM 5:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Esperanza Behavioral Health and Addiction Services LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
20 JAN 13 PM 5:00

The Articles of Organization for this Limited Liability Company were filed on 10-07-2019 and assigned  
Florida document number L17000136860

This amendment is submitted to amend the following:

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

Esperanza Behavioral Health & Wellness LLC

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)

404 SE 15th Street

Fort Lauderdale, FL

33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5841 NE 21 Way

Fort Lauderdale, FL

33308

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:

Ana Cristina Rodrigues

New Registered Office Address:

404 SE 15th Street

Enter Florida street address

Fort Lauderdale

City

Florida

33316

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

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>
<u>MGR</u>	<u>Jimmy Cassis</u>	<u>404 SE 15 STREET</u>	<input checked="" type="checkbox"/> Add
		<u>Ft. Lauderdale, FL</u>	<input type="checkbox"/> Remove
		<u>33316</u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>ANA CRISTINA</u>	<u>404 SE 15 STREET</u>	<input type="checkbox"/> Add
	<u>RODRIGUES</u>	<u>Ft. Lauderdale, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33316</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<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.)

Unaware that this LLC had a previous EIN 82-2001341, when I re-instated this LLC on 10-07-2019, I was issued a second EIN: 84-3277895. I would like to delete the 1st EIN 82-2001341 issued and keep the latest EIN 84-3277895 if that is a possibility. Please advise.

lastly, I want to switch the names of the Title Manager to Jimmy Cassis, and switch the Registered Agent to Ana Cristina Rodrigues.

Thank you for your assistance!

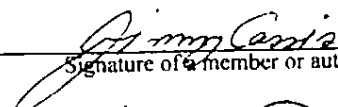
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 11-14-19, \_\_\_\_\_.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Jimmy P. Cassis  
\_\_\_\_\_  
Typed or printed name of signer