LITORI	20/023
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(City/State/Zip/Phone #)	03/21/1701001028 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	$\Sigma_{c}$
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T(). Desidention Continu	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: <u>SOLUTIONS</u>	For Mental Health
The enclosed Articles of Amendment and fee(s f Please return all correspondence concerning the	1
	Edith M. Gendler
Solutio	NS for Mental Health Firm/Company
	173 Byron Ave
	Address
<u></u>	fside, FL (33154)
For further information concerning this matter,	
Edith M. Gendler	,,305, 519-8053
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 \$	e &
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
Enable For further information concerning this matter. Edith M. Gendler Name of Person Enclosed is a check for the following amount: D \$25.00 Filing Fee \$30.00 Filing Fee Certificate of \$ MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	ate practice $\otimes$ @ $gmall.com$ atdress: (to be used for future annual report notification)         please call:         at $(305)_{Area} Code$ baytime Telephone Number         at (305)_{Area} Code         Daytime Telephone Number         at (additional copy is enclosed)         STREET/COURIER ADDRESS:         Registration Section         Division of Corporations         Clifton Building         2661 Executive Center Circle

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Solutions for M	
( <u>Name of the Ijimited Liability Compan</u> (A Florida Limited Li	<u>y as it now appears on our records.</u> ) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on Sep 11, 2017 and assigned
Florida document number 1700019062	3
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	
Enter new principal offices address, if applicable:	<u>11098 Biscarne Blud</u> Suit # 401-27 Miami, FL (33161)
(Principal office address MUST BE A STREET ADDRESS)	Suit # 401-27
1	Miami, FL (33161)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent: Edith	M. Gendler MR.
New Registered Office Address:	NSSN ASS

## 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.

City

"revere

Enter Florida street address

Florida

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

μ

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>		Address	Type of Action
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				Remove
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		Page 2 o	f 3	

D.	If amending any other information.	enter	change(s) here:	(Attach additional sheets, if necessary.)
	<b>C +</b>			

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			17 SEP 2 AN 7: 54 SECRETARY OF STATE
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	) 	<u> </u>	

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	Sept	18	2017
			Alpeneire
		Signature o	f a member or authorized representative of a member
			Edith M. Gendler
			Typed or printed name of signee
			Page 3 of 3
			Filing Fee: \$25.00