

18000013460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

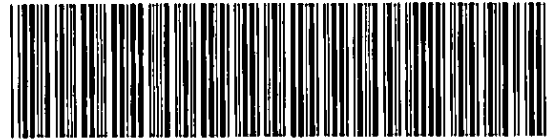
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 OCT 29 PM 2:08

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Special Instructions to Filing Officer:

Barbara Uspensky DAVE

AUTHORIZATION BY PHONE TO

CORRECT *pg. 3*

DATE *11/14/18*

BY *TLW*

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NOV 14 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: South Central General Psychiatry 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:

Rada Uspensky

Name of Person

South Central General and Geriatric Psychiatry LLC

Firm/Company

1220 Adams Street

Address

Hollywood FL 33019

City/State and Zip Code

lyakhovetsky@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rada Uspensky

414 698-8844
at ()

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**

South Central General Psychiatry 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 1/16/2018
Florida document number 118000013460

This amendment is submitted to amend the following:

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

South Central General and Geriatric Psychiatry 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)

1220 Adams Street

Hollywood FL

33019

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1220 Adams Street

Hollywood FL

33019

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

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>
MGR	Arthur Lyakhovetsky		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1220 Adams Street, Hollywood FL 33019	<input checked="" type="checkbox"/> Change
MGR	Rada Uspensky		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1220 Adams Street, Hollywood FL 33019	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

The FEI/EIN number is 35-2100529. Please add this number to the Sunbiz database.


E. Effective date, if other than the date of filing: immediate **(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 October 24, 2018



Signature of a member or authorized representative of a member

Rada Uspensky

Typed or printed name of signee