

18000030196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

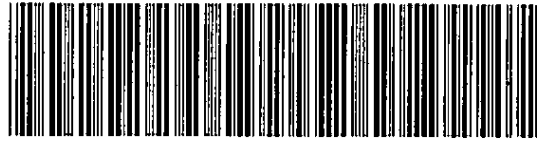
(Business Entity Name)

(Document Number)

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2019 SEP 11 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

FILED

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SEP 19 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** First Behavioral L.L.C.  
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:

Jessica Atkins  
Name of Person

First Behavioral  
Firm/Company

941 W MUSE BLVD #100  
Address

Winter Park, FL 32789  
City/State and Zip Code

info@firstbehavioral.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Atkins at (877) 912-2121  
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

**TO  
ARTICLES OF ORGANIZATION  
OF**

First Behavioral 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 02/02/2018 and assigned Florida document number L18000030196.

This amendment is submitted to amend the following:

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

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)

941 W. Morse Blvd  
Suite 100  
Winter Park, FL 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

941 W. Morse Blvd  
Suite 100  
Winter Park, FL 32789

**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

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TALLAHASSEE, FLORIDA

**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

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	Jessica Cutkins	941 W Morse Blvd	<input type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Winter Park, FL 32789	<input checked="" type="checkbox"/> Change
AMBR	Guillermo Pulgarin	9100 Conway Windermere Rd	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Windermere, FL 34786	<input type="checkbox"/> Change
AMBR	Sarah Pulgarin	941 W Morse Blvd	<input type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Winter Park, FL 32789	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

E. Effective date, if other than the date of filing: 09/01/2019 (optional)

**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.

Dated September 6, 2019.

Jessica Atkins  
Typed or printed name of signee