

# 218000275846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

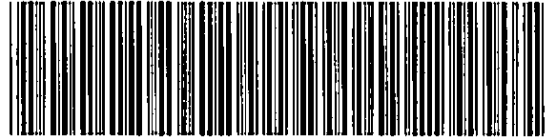
(Document Number)

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2019 AUG 15 PM 12:48  
7/8

AUG 15 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2019

CATHY A CLAUD  
CULLINAN BEHAVIORAL HEALTH, LLC  
1970 MICHIGAN AVENUE, BLDG. J-11  
COCOA, FL 32922-5723

SUBJECT: CULLINAN BEHAVIORAL HEALTH, LLC  
Ref. Number: L18000275846

RECEIVED  
19 AUG 15 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

We have received your document for CULLINAN BEHAVIORAL HEALTH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 919A00012819



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 25, 2019

CATHY A CLAUD  
5713 CORPORATE WAY  
WEST PALM BEACH, FL 33407

SUBJECT: CULLINAN BEHAVIORAL HEALTH, LLC  
Ref. Number: L18000275846

We have received your document for CULLINAN BEHAVIORAL HEALTH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 919A00012819

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cullinan Behavioral Health, 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:

Cathy A Claud

\_\_\_\_\_  
Name of Person

Cullinan Behavioral Health, LLC

\_\_\_\_\_  
Firm/Company

5713 Corporaate Way

\_\_\_\_\_  
Address

West Palm Beach, FL 33407

\_\_\_\_\_  
City/State and Zip Code

cathyclaud@comcast.net

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

For further information concerning this matter, please call:

Cathy A Claud

561 722-8055  
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**

Cullinan Behavioral Health, 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 November 29, 2018 and assigned  
Florida document number L18000275846.

This amendment is submitted to amend the following:

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

NA

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)**

1970 Michigan Avenue, Bldg. J-11

Cocoa, FL 32922-5723

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1970 Michigan Avenue, Bldg. J-11

Cocoa, FL 32922-5723

**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.	Leo Oberlander	78 Birchwood	<input type="checkbox"/> Add
		So. Huntington, NY	<input checked="" type="checkbox"/> Remove
		11746	<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"/> Change

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11-01-09

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

None

2019 AUG 15 PM 12:46  
FILED

7/1/2019

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 6/25/2019 2019

Cathy A. Claud  
Signature of member or authorized representative of a member

Cathy A Claud

Typed or printed name of signee