

L19000003317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

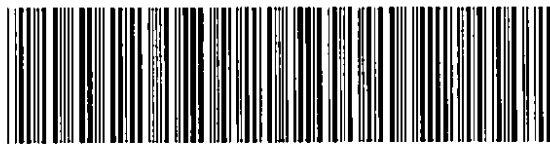
(Business Entity Name)

(Document Number)

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2019 JAN 15 AM 11:19
SECRETARY OF STATE
MAIL ROOM

M. MILLIGAN

JAN 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Redbrick Mental Health and
Name of Limited Liability Company

Therapy Group, LLC (1 partner
name correction)

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

Please return all correspondence concerning this matter to the following:

Debra Parcels
Name of Person

Redbrick Mental Health and Therapy Group
Firm/Company

3540 Forest Hill Blvd #203
Address

West Palm Beach, FL 33406
City/State and Zip Code

dwccase@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra Parcels at (561) 385 6299
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Redbrick Mental Health and Therapy Group, 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 12/31/2018 and assigned
Florida document number L19000003317.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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>
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

name correction - From Debra Wilson -
Purcell, LMHC to Debra Marie Parcells,
LMHC

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.

DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
FILING OFFICE
100 N. GLENN ST., SUITE 100
ANN ARBOR, MI 48106-1500
TEL: 734/297-2000
FAX: 734/297-2001
WWW.MICHIGAN.GOV

Dated

1/14/19

Signature of a member or authorized representative of a member

Debra Marie Parcells, LMHC

Typed or printed name of signee

2019 JAN 15 AM 11:19
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
FILING OFFICE

FILED