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\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

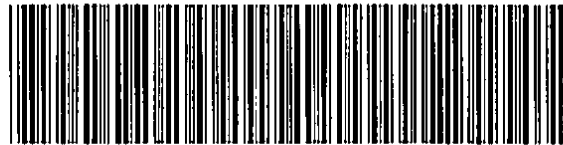
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: MCW Mental 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:

Alexandra Korotkevich  
Name of Person

New Mental Health  
Firm/Company

1401 Green Rd., C  
Address

Deenfield Beach, FL 33064  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) ALEXANDRAK@OPTREUM.ORG

For further information concerning this matter, please call:

Name of Person \_\_\_\_\_ at ( 561 ) 2221719  
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

MCW Mental 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 4/15/201 and assigned  
Florida document number L 19000103326

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)

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:

Stelios Findrilakis

New Registered Office Address:

1701 Green Rd., Ste C.

Enter Florida street address

Deerfield Beach

City

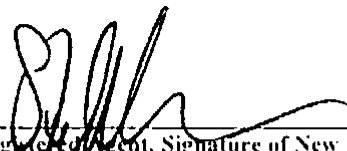
Florida

33064

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>
<u>mGR</u>	<u>Zofay, Francis</u>	<u>1121 S. Military Trail, 315</u>	<input type="checkbox"/> Add
		<u>Deerfield Beach, FL 33442</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>mGR</u>	<u>Findrilakis, Stelios</u>	<u>1401 Green Rd., Ste C</u>	<input checked="" type="checkbox"/> Add
		<u>Deerfield Beach, FL 33064</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 \_\_\_\_\_, \_\_\_\_\_.

*[Signature]*

Signature of a member or authorized representative of a member

Stelios Findikidis

Typed or printed name of signee