

L190000 181 064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

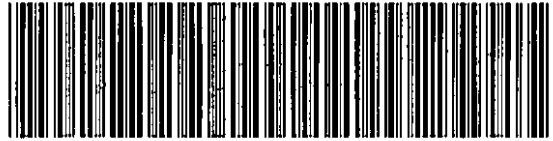
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/26/19--01007--015 **25.00

2019 SEP 26 PM 3:01
TALLAHASSEE, FL

FILED

SEP 27 2019

C. KIN...



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2019

JOELY SPENCER
1700 N DIXIE HWY # 104
BOCA RATON, FL 33432

SUBJECT: SYSTEMIC BEHAVIORAL SOLUTIONS, LLC
Ref. Number: L19000181064

We have received your document for SYSTEMIC BEHAVIORAL SOLUTIONS, 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):

INCOMPLETE DOCUMENT. PAGE 2 WAS MISSING SENDING BACK INCASE YOU NEEDED INFORMATION/ ADDRESS UPDATING FOR AUTHORIZED PERSONS DETAIL. ALL PAGES MUST BE INCLUDED.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 119A00018443

RECEIVED

2019 SEP 26 PM 12:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Systemic Behavioral Solutions 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:

Joely Spencer
Name of Person
Systemic Behavioral Solutions LLC
Firm/Company
1700 N. Dixie Hwy # 104
Address
Boca Raton FL 33432
City/State and Zip Code
joelyspencerphd@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joely Spencer at (954) 560 9073
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

Systemic Behavioral Solutions 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 July 15, 2019 and assigned Florida document number L19000181064

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)

1700 N. Dixie Hwy
Suite # 104
Boca Raton FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1700 N. Dixie Hwy
Suite # 104
Boca Raton FL 33432

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: _____

1700 N. Dixie Hwy # 104
Enter Florida street address
Boca Raton, Florida 33432
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.

2019 JUL 15 PM 3:01
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE, FLORIDA

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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

* please just amend Suite # 104

It is currently listed as 123, Needs to be changed to 104

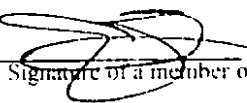
E. Effective date, if other than the date of filing: 07-08-19 (optional)

(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 08-22, 2019.



Signature of a member or authorized representative of a member

Joely Spencer

Typed or printed name of signee