

119000 218792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

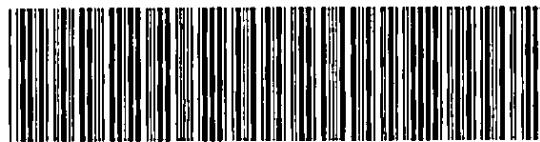
(Business Entity Name)

(Document Number)

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SECURE MAIL
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JAN 15 2020

TS

COVER LETTER

O: Registration Section
Division of Corporations

UBJECT: Melany Behavioral Care 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:

Melany A. Cruz

Name of Person

Melany Behavioral Care LLC

Firm/Company

13468 SW 277th ST

Address

Homestead FL 33032

City/State and Zip Code

melany.cruz10@gmail.com

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

For further information concerning this matter, please call:

Melany A. Cruz

Name of Person

at (786) 832-2311

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Melany Behavioral Care 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 Sept 17, 2019 and assigned Florida document number L19000218192.

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) _____

SEARCHED	INDEXED
SERIALIZED	FILED
SEP 19 2019	
FLORIDA DEPARTMENT OF STATE	
RECORDED	INDEXED
MAY 22 2019	
SEARCHED	INDEXED
JUN 2 2019	

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 _____

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>Melany A. CRUZ</u>	<u>13468 SW 277st Homestead FL 33032</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>Melanie A. CRUZ</u>	<u>13468 SW 277st Homestead FL 33032</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Please remove the spelling of Melanie A. Cruz, it
was an error when filing the correct Spelling is
Melany A. Cruz.

THANK YOU,

Melany A. Cruz

19 DEC 11 PM 2:34
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SECY OF STATE
ALABAMA
RECEIVED
10
10

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 _____

Melany A. Cruz

Signature of a member or authorized representative of a member

Melany A. Cruz

Typed or printed name of signee