

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L200000614493

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000061449 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : IMPROVED REVENUE SERVICE INC
Account Number : I20190000119
Phone : (786)552-2905
Fax Number : (786)733-1744

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ONE LIFE MENTAL HEALTH CENTER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

○ SIMMONS

FEB 25 2020

2020 FEB 24 PM 4:53

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER (((H20000061449 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: ONE LIFE MENTAL HEALTH CENTER 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:

YARITZA AGUIAR RODRIGUEZ

Name of Person

ONE LIFE MENTAL HEALTH CENTER LLC

Firm/Company

1401 SW 126 PL

Address

MIAMI, FL 33184

City/State and Zip Code

IMPROVEDRESE@YAHOO.COM

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

For further information concerning this matter, please call:

YARITZA AGUIAR RODRIGUEZ

Name of Person

at (**786**)

Area Code

305-2612

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

(((H20000061449 3)))

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ONE LIFE MENTAL HEALTH CENTER 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 01/17/2020 and assigned
Florida document number L20000012186.

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)

FILED
2020 FEB 24 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

((H20000061449 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H20000061449 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MADELEYNE GONZALEZ GARCIA	1401 SW 126 PL	<input type="checkbox"/> Add
		MIAMI, FL 33184	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRET
2020 FEB 24 AM 10:23
TALLAHASSEE, FL
STATE

((H20000061449 3)))

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

ADD EIN: 84-4373882

FILED
2020 FEB 24 AM 10:23
SECURITY UNIT
TALLAHASSEE, FL


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 FEBRUARY 24TH, 2020



Signature of a member or authorized representative of a member

YARITZA AGUIAR RODRIGUEZ

Typed or printed name of signee

((H20000061449 3)))

Filing Fee: \$25.00