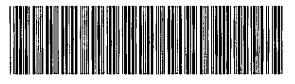
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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
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C. GOLDEN SEP 2 0 2020

COVER LETTER

TO: Registration Se Division of Con			
Mental He	alth Assessment Specialists LL	C	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Chester F. Campbell		
		Name of Person	
	Mental Health Assessmen	t Specialists LLC.	
		Firm/Company	
	13325 SW 113th PI		
		Address	
	Miami FL 33176		
		City/State and Zip Code	
	d031401c@yahoo.com		
		to be used for future unnual report noti	dication)
For further information of	concerning this matter, please e	alf;	
Chester F. Campbell		305 632 7159	
Name o	of Person	Area Code Daytin	te Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mental Health Assessment Specialists LLC.

0. 1. 0. 1...10: 50

(Name of the Limited Lial (A Flor	<mark>bility Compa</mark> rida Limited I	ny as it now appo aability Company	ears on nur records.)	
The Articles of Organization for this Limited Liability Florida document number L20000193166	y Company	were filed on _	July 07, 2020	and assigned
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the link. N/A The new name must be distinguishable and contain the words "I				bbreviation "L.I .C."
-		N/A		
Enter new principal offices address, if applicable: (Principal offices address MUST RE A STREET AD)	n pe cci	N/A		
(Principal office address MUST BE A STREET ADDRESS)		N/A		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE BOX)		N/A		
		N/A		
B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent: N/A	<u>e</u> :	address on our	r records, <u>enter the nau</u>	ie of the new registered
New Registered Office Address:	Α			
	Enter Florida street address			
<u>N//</u>	A		, Florida	Zıp Code
		Сиу		Zip Code
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change.	nt and agre d complete l agent as p ered office	performance provided for it	of my duties, and Lam n Chapter 605, F.S. Or	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Chester F. Campbell	13325 SW 113th Place Miami FL 33176	. Add
		N/A	□Remove
		N/A	
			∃Remove
			□Change
			□Remove
			Change
			∃Add
			□Remove
			C.Change
			Remove
			☐ Change
			□Remove
			TChange

. If amending any other inforn	E -(0)			
				
				
		**************************************	<u> </u>	
				_
				
				
Effective date, if other than t	ha data of filings N/A		(optional)	
(If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot be pric block does not meet the appl	or to date of filing or more the icable statutory filing requ	an 90 days after filing.) Pursuant to	5 605,0207 : listed as
ne record specifies a delayed effect and is filed.				after the
July 27, Dated	2020			
Dated July 27, Chester F. Campbell	Signature of a member of an	horized representative of a r	nember	_
Chester F. Campbell	- ignitive of a premiser of aut		•••••	
		nted name of signee		

Filing Fee: \$25.00