

L20000245170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

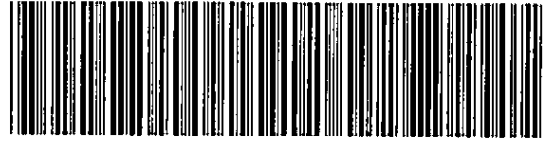
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700352446347

09/21/20--01013--016 \*\*25.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
FALL MASSACHUSETTS

2020 SEP 21 AM 6:43

FILED

OCT 28 2020

S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASPEN BEHAVIORAL 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:

CHASE HOWARD  
Name of Person

Florida Health Care Law Firm  
Firm/Company

131 NW 1st Avenue  
Address

Delray Beach FL 33444  
City/State and Zip Code

Chase@FloridaHealthcareLawFirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHASE HOWARD at (561) 455-7700  
Name of Person 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

ASPEN BEHAVIORAL HEALTH, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2020 SEP 21 11:06:43  
FILED  
CLERK OF COUNTY OF PALM BEACH

The Articles of Organization for this Limited Liability Company were filed on 08/12/2020 and assigned Florida document number L20000245170.

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:

900 Osceola Drive

(Principal office address MUST BE A STREET ADDRESS)

Units 200 A+B and Units 300 A+B  
West Palm Beach, FL 33409

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>ASPEN HEALTHCARE Group, LLC</u>	<u>3850 NW 2nd Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 22</u>	<input type="checkbox"/> Remove
		<u>Boca Raton, FL 33431</u>	<input type="checkbox"/> Change
<u>CEO</u>	<u>ART LIND</u>	<u>3850 NW 2nd Ave</u>	<input type="checkbox"/> Add
		<u>Suite 22</u>	<input type="checkbox"/> Remove
		<u>Boca Raton, FL 33431</u>	<input checked="" type="checkbox"/> Change
<u>MGR</u>	<u>Abe Vanofsky</u>	<u>3850 NW 2nd Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 22</u>	<input type="checkbox"/> Remove
		<u>Boca Raton, FL 33431</u>	<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

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


Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 08/12/2020 (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 September 16, 2020.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Avrohom (Abe) Yanofsky  
\_\_\_\_\_  
Typed or printed name of signee