

L20 000245170

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JUDICIAL CIRCUIT IN AND FOR  
NORTH FLORIDA

## 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:

Justin M. Claud, Esq  
Name of Person

Claud Law Group  
Firm/Company

2000 PGA Blvd; #4440  
Address

Palm Beach Gardens, FL 33408  
City/State and Zip Code

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

For further information concerning this matter, please call:

Justin Claud at (561) 203-8151  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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)

The Articles of Organization for this Limited Liability Company were filed on 8/12/2020 and assigned Florida document number 220000245170.

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.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)

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CLERK OF DISTRICT COURT  
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

City

Florida

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>                      |
|--------------|----------------|--------------------------------|--|
| MGR          | Abe Yanofsky   | 3850 NW 2nd Ave; #22           | <input type="checkbox"/> Add               |
|              |                | Boca Raton, FL 33431           | <input checked="" type="checkbox"/> Remove |
|              |                |                                | <input type="checkbox"/> Change            |
| MGR          | Hillel Adelman | 272 NW 45 <sup>th</sup> Street | <input checked="" type="checkbox"/> Add    |
|              |                | Boca Raton, FL 33431           | <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            |
|              |                |                                | <input type="checkbox"/> Add               |
|              |                |                                | <input type="checkbox"/> Remove            |
|              |                |                                | <input type="checkbox"/> Change            |

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202 MAY 24 PM 2:03  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

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202 MAY 24 PM 2:03  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(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 entered in this block is the date of filing, then the effective date must be entered in the block below.

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.

Signature of a member or authorized representative of a member

Hillel Adelman

Typed or printed name of signee

**Filing Fee: \$25.00**