

L20000 250892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

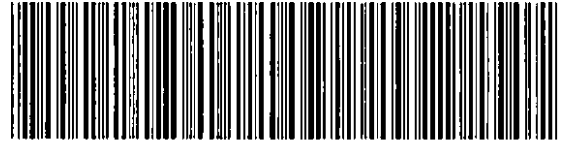
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2024 DEC -6 PM 12:33
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSFORMATIVE PSYCHIATRICE SERVICES, PLLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

NADINE WILSON-FORBES

Name of Person

Firm/Company

Address

20240 NE 3RD COURT, UNIT 2

City/State and Zip Code

MIAMI, FL 33179

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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**

TRANSFORMATIVE PSYCHIATRIC SERVICES, PLLC

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

FILED
2024 DEC -6 PM 12:23

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 26, 2024 and assigned
Florida document number L24000095677.

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:

3105 NW 107TH AVE., SUITE 400-C11

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33172

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

[illegible]

NOVEMBER 19, 2024

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.

Dated November 19 2024

X Michelle Brachy
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ROCHELLE BRADLEY

Typed or printed name of signee

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accurate Concrete And Grading LLC
Name of Limited Liability Company

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto Medina
Name of Person

Accurate Concrete and Grading LLC
Name of Firm/Company

26 Alice Dr
Address

DeFuniak Springs FL 32435
City/State and Zip Code

m.luzs1988@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Medina at (850) 842-1769
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

FILED
2024 DEC -6 PM 12:33

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Accurate Concrete and Grading LLC

2. The Florida document/registration number assigned to this limited liability company is:

L20000250892

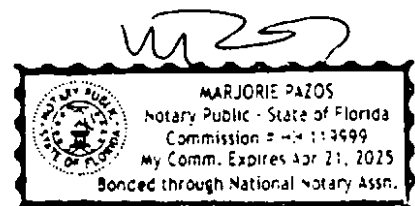
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2020

4. I, Roberto Medina, hereby withdraw/resign as a
(Print Name of Person Resigning)

President
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

ROBERTO A. MEDINA VALDEZ
Signature of Dissociating Member or Resigning Manager



Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)