

L20000271199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

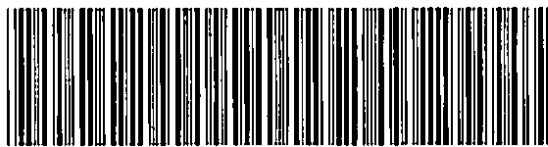
(Business Entity Name)

(Document Number)

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CIVILONS

OCT 29 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A2D Community Mental 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:

Arnoldo Arsenio Arias Gonzalez
Name of Person

Firm/Company

6237 SW 16 ST
Address

Miami, Florida, 33155
City/State and Zip Code

a2communitymentalhealth7774@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arnoldo A Arias Gonzalez at (954) 624-5842
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 & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

ADD Community Mental Health, LLC 7:13
(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 _____ and assigned
Florida document number L20000271199.

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)

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 | Arnoldo Arsenio Arco Gonzalez | 6237 SW 16 ST Miami, FL, 33155 | <input checked="" type="checkbox"/> Add |
| | | President | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Beatriz Milagros Dolores Rodriguez | 6237 SW 16 ST Miami, FL, 33155 | <input checked="" type="checkbox"/> Add |
| | | Vice president | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

When Creating the LLC I made
mistake of Assigning the position
of president and Vice-president
At this moment I am trying
to change the titles for HGR
(Arnoldo Arsenio Aris Gonzalez) and
AMBIZ (Beatriz Milagros Dutres Rodriguez).

to come.

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 September, 19th 2020

Signature of a member or authorized representative of a member

Arnoldo Arsenio Aris Gonzalez

Typed or printed name of signee