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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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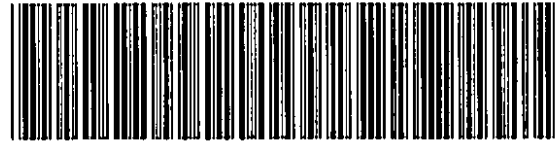
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAR 30 AM 9:43

T. MATTHEWS

APR 13 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCH Mental Health & Healing Center, 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:

Anny Gunadasa
Name of Person

Firm/Company

13083 Curry Dr.
Address

Spring Hill, FL 34609
City/State and Zip Code

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

For further information concerning this matter, please call:

Anny Gunadasa at (727) 290-5932
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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARCH Mental Health & Healing Center, LLC 22 MAR 30 AM 9:43
(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 420000322776

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)

7701 Little Road
Suite 206 New Port
Richey, FL 34654

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13083 Curry Dr.
Spring Hill, FL 34609

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:

Anny Gunadasa

New Registered Office Address:

7701 Little Rd. Suite 206
Enter Florida street address
New Port Richey, Florida 34654
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.

Anny Gunadasa
If Changing Registered Agent, Signature of New Registered Agent

It 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>Anny Gunadasa</u>	<u>7701 Little Road</u> <u>Suite 206 New Port Richey</u>	<u>FL 34609</u> <input checked="" type="checkbox"/> Add

_____ ☐ Remove

_____ ☐ Change

<u>MGR</u>	<u>Cecilio De Leon</u> <u>(Remove)</u>		<input type="checkbox"/> Add
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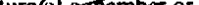
_____ ☐ Remove

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(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)

Dated 03/23/2022, _____


Signature of a member or authorized representative of a member organization

Anny Gunadasa
Typed or printed name of signee