

L21000068635

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECOND
TALLAHASSEE, FL

D. BRUCE
JUL 09 2021

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **205 GULFSTREAM 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:

Jesse Reuter

Name of Person

205 GULFSTREAM LLC

Firm/Company

455 NE 5TH AVENUE SUITE D433

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

david@recreatebehavioralhealth.com

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

For further information concerning this matter, please call:

Jesse Reuter

954

425-2949

at (_____) _____

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

RECEIVED
TALLAHASSEE, FL

2021 JUN -7 AM 8:45

FBI

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

205 GULFSTREAM 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 2/9/2021 and assigned
Florida document number L21000068635.

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>
MGRM	Mountainside Holdings LLC	455 NE 5TH AVENUE SUITE D433	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jesse Reuter	455 NE 5TH AVENUE SUITE D433	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alexander Riley	455 NE 5TH AVENUE SUITE D433	<input checked="" type="checkbox"/> Add
		DELRAY BEACH, FL 33483	<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

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FALL/NA/SEC/PL

21 JUN -7 AM 8:45

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

SEVENTH ANNUAL
TALLAHASSEE FL

2021 JUN -7 AM 8:45
SECTOR 1
TALLAHASSEE, FL

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 June 6th 2021

Signature of a member or authorized representative of a member

Jesse Reuter

Typed or printed name of signer

Filing Fee: \$25.00