## L210002841360

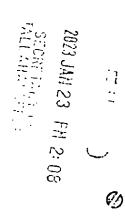
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE MAR 27 2023

Office Use Only



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01/23/23--01005--008 \*\*25.00



## **COVER LETTER**

Division of Corporations	
SUBJECT: Elite Men	tal teath, L.L.C. ame of Limited Liability Company
The enclosed Articles of Amendment and fee	(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Julia	nne Fountain, APRN, PMHNP-BC
	Firm/Company
11014	Mahan Center Blud. Ste 104
Tallah	nassee, Florida 32308 City/State and Zip Code
<u>Lifes</u> E-mai	Pan Psych 21 Camail Com laddress: (to be used for luture annual report notification)
For further information concerning this matter	r, please call:
Julianne Foun Name of Person	tain at (850) 999-29916  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing I Certificate of	
Mailing Address: Registration Section	Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroc Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(D)

Elite Mental Health, L.L.C.

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

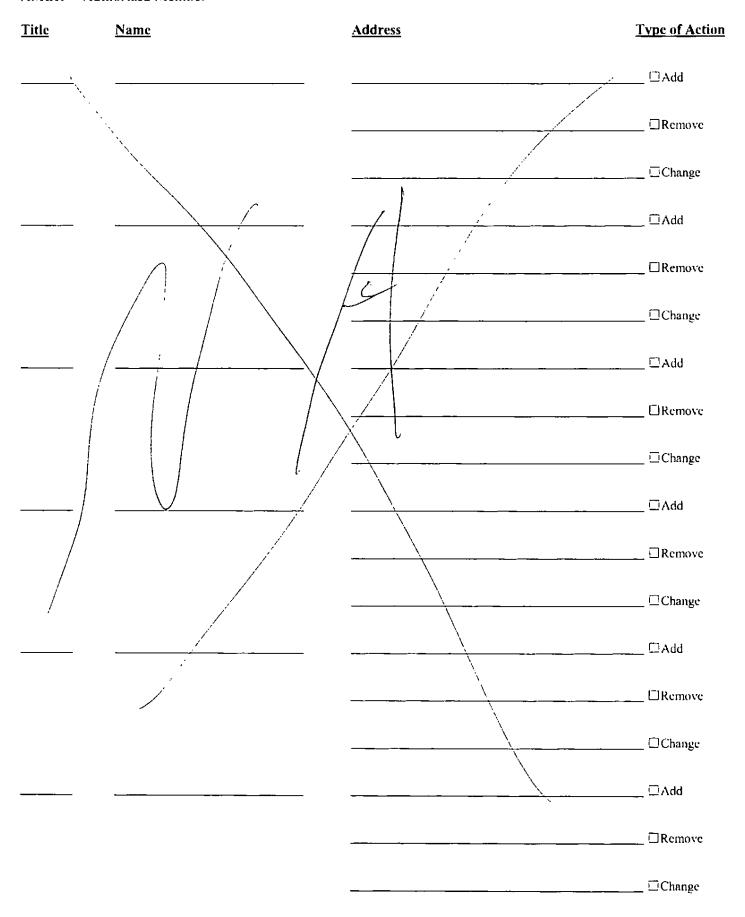
The Articles of Organization for this Limited Liab	oility Company were filed on	and assigned
Florida document number <u>L21000 2°</u>	84136	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	tric Services, L.	L,C,
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "LLo	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole: 1614 Mahan	Center Blud
(Principal office address MUST BE A STREET	ADDRESS) Ste 104	
	Tallahassa	ee, Florida 32308
Enter new mailing address, if applicable:	1614 Mahan	Center Blvd.
(Mailing address MAY BE A POST OFFICE BO	ox Ste 104	
	Tallahassee	, Florida 32308
		32308
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter</u> <u>here</u> :	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	1614 Mahan Cente Enter Florida street addre	er Blud Stelay
	Tallahassee, F	lorida <u>3230 8</u> 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 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



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tive date, i	other than t	the date of filing	g:		(optio	nal) iling.) Pursuant to 605.

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.

Typed or printed name of signee