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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
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	J. HORNE	
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SECRETARY OF SIX

COVER LETTER

O: Registration Sec Division of Corp	tion orations		
SUBJECT: Hal	e Mental Health Name of Limite	LLC	
	Name of Limite	d Liability Company	
ert Januar Amticlus of A	Amendment and fee(s) are subm	itted for filing.	
	ndence concerning this matter to		
riease fettini an correspon			
	Sean	Name of Person	filing. Deprivation of Person m/Company colom MA 01970 Address Ite and Zip Code) 4 mail (0 m) Ref future annual report notification) It (617) 755 - 5043 Area Code Daytime Telephone Number Stood Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations
		Name of Person	
	L	I/A	
		Firm/Company	
	The Sounders S	+ Salem MA OI	970
	10 010110010	Address	
		City/State and Zip Code	
	<u>Cullen KSea</u>	o be used for future annual report notif	ication)
For further information (concerning this matter, please ca		
			CNUZ
Sean	of Person	at (O 1) / 33 - Area Code Daytime	e 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)	Certificate of Status & Certified Copy
			(авинован сору в свеновен)
Mailing Addr	-		ction
Registration Division of	Section Corporations	Division of Cor	rporations
P.O. Box 63		The Centre of T	Fallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HALE MENTAL HEALT	H LLC	
HALE MENTAL HEALT (Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000390834</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	nility company here:	
Mental Health Axis LLC The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	nation "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)		- In part of the new posictores
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rus, enter the name of the new registeree
Name of New Registered Agent:		
New Registered Office Address:		
		street address
	City	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen		жү сош
		I Good on a sound to complete the
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	te performance of my s provided for in Cha	y duties, and I am familiar with and upter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
AMBR.	Sean K Cuilen	16 Sounders St	\ Add
		Salem, MA 01970	□Remove
			□Change
AMBR	Rebecca A Gagnon	11 Burt st	⊠ Add
	v	Bellows Fall, VT 05/01	□ Remove
			☐ Change
			🗆 Add
			Remove
			☐ Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

И аменяни <u>д</u> апу отнестоям		ge(s) here: (Anach additiona		
E. Effective date, if other the (If an effective date is listed, the Note: If the date inserted adocument's effective date.	m this block does not n	rest the applicante station your	(optional) sore than 90 days after filing) Pursuar ng requirements, this date will no	nt to 60% 020 (be listed a

document's effective date on the Department of State's records.

The content is effective date on the Department of State's records.

The content is a record of the content of the conten

Filing Fee: 825.00