

121 000 290834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

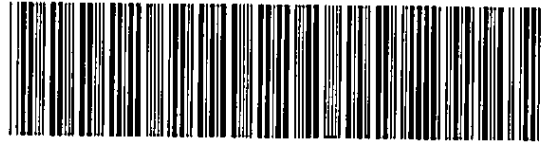
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hale 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:

Sean Cullen
Name of Person

N/A
Firm/Company

16 Saunders St, Salem MA 01970
Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Sean Cullen at (617) 755-5043
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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

HALE MENTAL HEALTH LLC

Mental Health Axis LLC

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>
AMBR.	Sean K Cullen	16 Saunders St	<input checked="" type="checkbox"/> Add
		Salem, MA 01970	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR.	Rebecca A Gagnon	11 Burt St	<input checked="" type="checkbox"/> Add
		Bellows Falls, VT 05101	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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)*

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 60S-0207(c)(3))

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.

F. If the document is subject to a review period, enter date for end of review period, at least 10 business days prior to the end of the review period.

Date: October 19th 2021

Jennifer E. Hale
Secretary of the Commonwealth

Jennifer E Hale
Typed or printed name