

121 000364083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

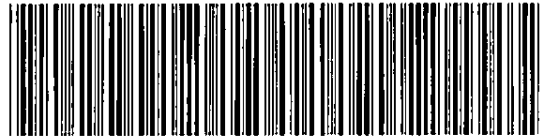
(Document Number)

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2024 FEB 16 PM 4:27  
STATE  
CLERK



# JANETTE M ROBINSON

5510 Bent Oak Drive, Titusville, FL 32780 | 321-961-5162 | janette-robinson@live.com

February 9, 2024

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please find an enclosed check in the amount of \$30 for filing fee and certified copy of Limited Liability Company. I am requesting a change of name from JR Health Solutions, LLC to Preferred Psychiatric Solutions, LLC.

Thanks for your service.

Sincerely,



Janette Robinson, MSN, APRN, PMHNP  
321-961-5162  
janette-robinson@live.com

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JR HEALTH SOLUTIONS 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:

JANETTE M ROBINSON

Name of Person

Firm/Company

5510 BENT OAK DRIVE

Address

TTTUSVILLE, FL 32780

City/State and Zip Code

JANETTE-ROBINSON@LIVE.COM

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

For further information concerning this matter, please call:

JANETTE ROBINSON

321 961-5162

at ( )

Area Code

Daytime Telephone Number

Name of Person

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

2024 FEB 16 PM 4:27  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

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

JR HEALTH SOLUTIONS 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 8/13/21 and assigned  
Florida document number 1.21000364083.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PREFERRED PSYCHIATRIC & WELLNESS SOLUTIONS LLC

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)

5095 S WASHINGTON AVENUE

SUITE 212

TITUSVILLE, FL 32780

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5510 BENT OAK DRIVE

TITUSVILLE, FL 32780

**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:

JANETTE M ROBINSON

New Registered Office Address:

5095 S WASHINGTON AVENUE, SUITE 212

*Enter Florida street address*

TITUSVILLE

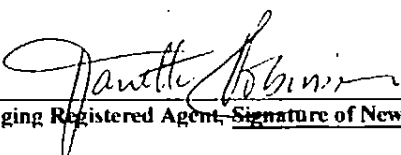
Florida 32780

*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.*

  
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

Title	Name	Address	Type of Action
MGR	JANETTE M ROBINSON	5095 S. WASHINGTON AVENUE, STE 212	<input checked="" type="checkbox"/> Add
		TTTUSVILLE, FL 32780	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2024

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FALL 2024

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2024 FEB 16 PM 4:27  
TALLAHASSEE, FL  
CLERK OF DISTRICT COURT

**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.

Dated February 9, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**