

h21000379582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEHAVIORAL HEALTH SERVICES OF FLORIDA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur Edward Brouse

Name of Person

BEHAVIORAL HEALTH SERVICES OF FLORIDA LLC

Firm/Company

240 County Rd 15

Address

Bunnell, FL 32110

City/State and Zip Code

gomentalhealth@gmail.com

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

For further information concerning this matter, please call:

Christina Brouse

801 369-5151

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

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

BEHAVIORAL HEALTH SERVICES OF FLORIDA 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 08/24/2021 and assigned
Florida document number 121000379582.

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 "b.c."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

533 N. Nova Road Suite 203

Ormond Beach, FL 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

533 N. Nova Road Suite 203

Ormond Beach, FL 32174

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:

Arthur Edward Brouse

New Registered Office Address:

240 County Rd 15

Enter Florida street address

Bunnell

City

Florida 32110

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>
AMBR	HEAPS, JORDAN	2826 SUNSET DR	<input type="checkbox"/> Add
		NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SWEENEY, MARIA	830 CHICKADEE DR	<input type="checkbox"/> Add
		PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARDIAC VISION LLC	6817 SOUTHPOINT PKWY STE 203	<input type="checkbox"/> Add
		JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Arthur Edward Brouse	240 County Rd 15	<input checked="" type="checkbox"/> Add
		Bunnell, FL 32110	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

EIN 53 1200

MGR = Manager
AMBR = Authorized Member

[illegible]

Mar. Sunday
Mar. Sunday
Feb. 21/9/22
Tyndal boys

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

2022-11-11

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 July 12 . 2022

Signature of a member or authorized representative of a member

Arthur E. Brouse
Typed or printed name of signee