

177 000035368

(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:

Q. SILAS

MAR 02 2022

Office Use Only



300381827103

02/22/22--01034--002 **30.00

02/22/22 14:25

BOSC MENTAL HEALTH, LLC

305-733-9525
daniel.frutos001@gmail.com

15233 NW 87 Court
Miami Lakes, FL 33018

February 17, 2022

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

To whom this may concern,

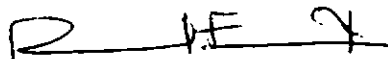
Please find enclosed an Amendment to the Articles of Incorporation for the company: BOSC Mental Health, LLC. As requested the representative responsible for addressing all matters on behalf of this company is Daniel S Frutos.

Daytime phone number: **305-733-9525**

Return Address: **15233 NW 87 Court Miami Lakes, FL 33018**

Thank you for your attention to this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "D. S. Frutos", written over a horizontal line.

Daniel S Frutos

Chief Executive Officer

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BOSC 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:

Daniel S Frutos

Name of Person

BOSC Mental Health, LLC

Firm/Company

15233 NW 87 Court

Address

Miami Lakes, FL 33018

City/State and Zip Code

daniel.frutos001@gmail.com

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

For further information concerning this matter, please call:

Daniel S Frutos

305 733-9525
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**

BOSC Mental Health, 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 01/18/2022 and assigned
Florida document number L22000035368.

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 "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)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

[illegible]

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

The member ROSA NAPOLES will be changed from:

ROSA S NAPOLES to ROSA N NAPOLES

The member DANIEL FRUTOS will be changed from:

DANIEL FRUTOS to DANIEL S FRUTOS

No other changes are 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 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 February 17, 2022



Signature of a member or authorized representative of a member

DANIEL S FRUTOS

Typed or printed name of signer