

L22000213758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2022 NOV 14 AM 11:57

A. RAMSEY
NOV 15 2022

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/14/22

**NAME: HOPE AND HEALING CHILDREN & ADOLESCENT
PSYCHOTHERAPY LLC**

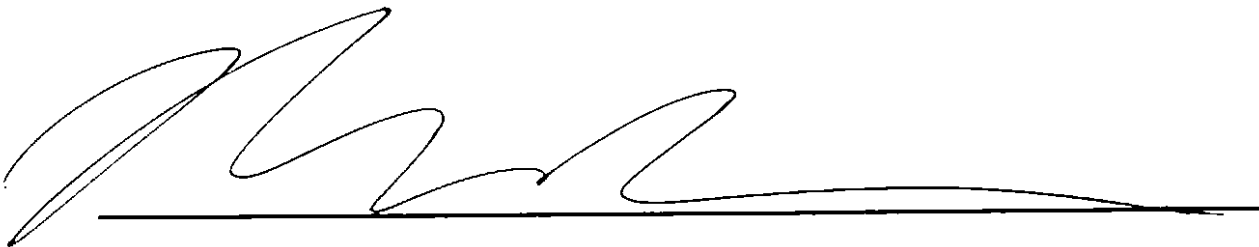
TYPE OF FILING: AMENDMENT

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Current: Hope and Healing Children & Adolescent Psychotherapy
Name of Limited Liability Company
Changing to: Dandelion Behavioral Health

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

hhcap.tridle@gmail.com

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

For further information concerning this matter, please call:

Tamara Tridle

Name of Person

at (402)

Area Code

217-4555

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

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2022 NOV 14 AM 11: 57

Hope and Healing Children and Adolescent psychotherapy, 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 05, May 2022 and assigned
Florida document number L22000213758

This amendment is submitted to amend the following:

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

Dandelion Behavioral Health 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)

1777 Tamiami Trail

Port Charlotte, FL 33948

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

25443 Estrada Circle

Punta Gorda, FL 33955

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:

Tamara Tridle

New Registered Office Address:

1777 Tamiami Trail

Enter Florida street address

Port Charlotte

City

Florida

33948

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.

Tamara Tridle

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>
<u>MGR</u>	<u>Tamara Tridle</u>	<u>25443 Estrada Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Punta Gorda, FL 33955</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Medinda Sipes-Bell</u>	<u>25446 Estrada Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Punta Gorda, FL 33955</u>	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00