

# L22000 33 0226

(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:

Office Use Only



800393353878

11/03/22--01010--005 \*\*25.00

RECEIVED

2022 NOV -3 AM 11:10

ALLAHASSEE, FL 000

FILED

2022 NOV -3 AM 9:18

SEAL CITY, AL  
TALLAHASSEE, FL



**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** MISTY 11/3

**CERTIFIED COPY**

\_\_\_\_\_

**XX PHOTOCOPY**

\_\_\_\_\_

**CUS**

\_\_\_\_\_

**XX FILING**

**LLC AMEND**

\_\_\_\_\_

1. **BURD MENTAL HEALTH LLC**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Burd 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:

Lindsey Burd  
Name of Person

Burd Mental Health LLC  
Firm/Company

450 La Traversia Plaza Unit 101  
Address

St. Augustine FL 32095  
City/State and Zip Code

Lindsey@BurdMentalHealth.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Lindsey Burd at (301) 343 5089  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 -3 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FL

Burd 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 7/26/22 and assigned  
Florida document number L22000330226.

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)

456 La Travesia Flora Unit 101  
St. Augustine, FL 32095

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

126 Palencia Village Dr  
MC-105 PMB150  
St. Augustine, FL 32095

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

\_\_\_\_\_, Florida \_\_\_\_\_  
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



**MGR = Manager**  
**AMBR = Authorized Member**

MGR      Lindsey Buid      450 La Travesia Flora      ☐ Add  
Unit 101      ☐ Remove  
St. Augustine, FL 32095      ☒ Change

[Remove](#)

\_\_\_\_\_ ☐ Add

[Remove](#)

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

[Remove](#)

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

[\\_\\_\\_\\_\\_](#) ☐ Remove

\_\_\_\_\_ ☐ Change

\_\_\_\_\_ ☐ Add

[Remove](#)

\_\_\_\_\_ ☐ Change



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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
2022 NOV -3 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FL

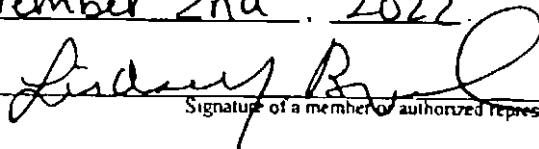
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)(h)

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 November 2nd, 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Lindsey Burd  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00