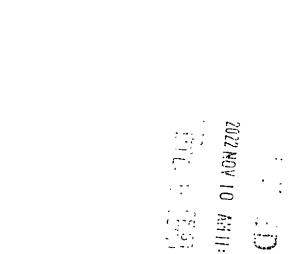
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Certified Copies	C	ertificates of	Status
Special Instructions t	o Filing Of	ficer:	

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COVER LETTER

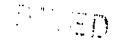
Division of	n Section Corporations		
Aspire	Psychiatric Care LLC		
SUBJECT:	Name of Li	imited Liability Company	
The enclosed Article	s of Amendment and fee(s) are so	ubmitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
	Melissa Nicholas		
		Name of Person	
	Aspire Psychiatric Care	LLC	
		Firm/Company	.
	13701 ARTESA BELL I	DR	
		Address	
	RIVERVIEW, FL 33579)	
	mblznprness9@gmail.cor	City/State and Zip Code	
	· - -	: (to be used for future annual report ne	otification)
For further informati	on concerning this matter, please	call:	
Melissa Nicholas		832 629-1970 at (
Na	me of Person		me Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e 📑 \$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 Ad		Street Address:	· and in a
_	on Section of Corporations	Registration S Division of Co	
P.O. Box	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Aspire Psychiatric Care LLC

2022 NOV 10 AMIL: 23

(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 Com	npany were filed on 9/12/2022	and assigned
Florida document number L22000397970		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
WIN LIFE PSYCHIATRIC CARE LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
		da
	City	Zin 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
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fective date, if other than the da in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depa	does not meet the	e applicable sta	f filing or more tha tutory filing requ	(optional 190 days after filin frements, this dat) g.) Pursuant to 605.02(e will not be listed :
ecord specifies a delayed effective dais filed.	ate, but not an effo	ective time, at 1	2:01 a.m. on the	carlier of: (b) 1	he 90th day after th
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M. Michelas Sig					
		OF AUTOFIZED PC	oresentative of a m	ביאטונוי:	

Filing Fee: \$25.00