

L23000113490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

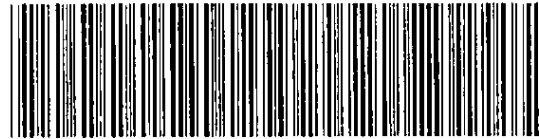
Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

J. HORNE  
APR - 3 2023

Office Use Only




500405481875

2023 MAR 31 AM 9:31  
SOLICITATION  
TALLAHASSEE, FL

RECEIVED  
2023 MAR 31 AM 7:27  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: I20210000160: **\$25.00**

Authorization Signature: 

Reclaim Mental Health LLC

**BUSINESS NAME**

**DOCUMENT # L23000113490**

     **Certified Copy of Articles of Organization**

     **Certificate of Status**

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Officer/Director  
     Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**AMENDMENTS**

  X   Amendment  
     Resignation of R.A.  
  
     Change of Registered Agent  
     Dissolution  
     Merger  
     **Conversion**  
     **Amended and restated Articles**  
     **Statement of Authority**

**OTHER FILINGS**

     Annual Report  
  
     Fictitious Name  
  
     APOSTILLE            
                    Country

**REGISTRATION/QUALIFICATIONS**

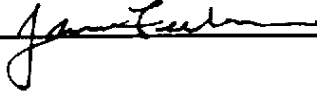
     Foreign filing  
     Limited Partnership  
     Reinstatement  
  
     Other

**EXAMINER'S INITIALS:**

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TALLAHASSEE, FL 32309  
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☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RECLAIM 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:

AKIVA DAUM, MD

\_\_\_\_\_  
Name of Person

RECLAIM MENTAL HEALTH, LLC

\_\_\_\_\_  
Firm Company

3275 W. HILLSBORO BLVD - SUITE 300D

\_\_\_\_\_  
Address

DEERFIELD BEACH, FL 33442

\_\_\_\_\_  
City/State and Zip Code

DRADAUM@GMAIL.COM

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

For further information concerning this matter, please call:

AKIVA DAUM, MD

\_\_\_\_\_  
Name of Person

at (

954 )

Area Code

451-2592

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

2023 MAR 31 AM 9:31  
SECURITY

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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

DEERFIELD BEACH, FL 33442

DEERFIELD BEACH, FL 33442

Zip Code

*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.*

[illegible]

[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.



Typed or printed name of signee