## 123000113490

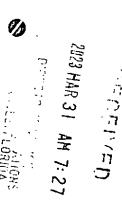
(F	Requestor's Name)	
····	Address)	
	Address)	
	,	
(	Dity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
(£	Business Entity Name)	
(5	Document Number)	
Copies	Certificates di	f Status
	501111100103	
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Instructions to F	iling Officer:	
	HORNE	
	J. HORNE	
	APR - 3 20	23
	£	

Office Use Only



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2023/1/38/31 / AM 9:31 SAC SECONDARY (1)



3

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

EXAMINIER'S INITIALS:\_\_\_\_

Please use funds from this ad Authorization Signature:	count: 120210000160: <b>\$25.00</b>
Reclaim Mental Health LLC BUSINESS NAME	DOCUMENT # L23000113490
Certified Copy of Articles	of Organization
Certificate of Status	
<u>NEW_FILINGS</u>	<u>AMENDMENTS</u>
Profit Corp Not for Profit Officer/Director Limited Liability Domestication Other CORP LLLP	XAmendmentResignation of R.AChange of Registered AgentDissolutionMergerConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filingLimited Partnership Reinstatement
APOSTILLECountry	Other

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

EXAMINIER'S INITIALS:\_\_\_\_

Please use funds from this acco	James 120210000160: \$25.00
Reclaim Mental Health LLC BUSINESS NAME	DOCUMENT # L23000113490
Certified Copy of Articles of	Organization
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Corp Not for Profit Officer/Director Limited Liability Domestication Other CORP LLLP	XAmendment Resignation of R.A Change of Registered Agent Dissolution Merger Conversion Amended and restated Articles Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filingLimited Partnership
Fictitious Name	Reinstatement
APOSTILLECountry	Other

## **COVER LETTER**

	ion Section of Corporations				
	LAIM MENTAL	HEALTH, LLC			
SUBJECT:	•	Name of Limi	ted Liability Company		
The enclosed Artic	les of Amendme	nt and fee(s) are subi	nitted for filing.		
Please return all co	orrespondence co	ncerning this matter t	to the following:		
	akiv.	a Daum, MD			
			Name of Person	****	
	RECL	AIM MENTAL HEA	ALTH, LLC		
			Firm Company		
	3275 N	W. HILLSBORO BL	VD - SUITE 300D		
	<del></del>		Address		
	DEER	FIELD BEACH, FL	33442		
			City/State and Zip Code		
	DRAD.	AUM@GMAIL.CON			
		E-mail address: ()	to be used for future annua	l report notification)	
For further inform	ation concerning	this matter, please or	ıll:		
AKIVA DAUM.	MD		at ( <u>954</u> )	451-25	92_
1	Name of Person		Area Code	Daytime Telepl	none Number
Enclosed is a chec	k for the following	ng amount:			
<b>√</b> \$25,00 Filing		.00 Filing Fee & crificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is cr		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing :</u> Registra	Address:			Address: ration Section	
Divisio	n of Corporati	ons	Divisio	on of Corporati	
P.O. Bo		d		entre of Tallaha	
Tallaha	ssee, FL 32314	4	2415 N	N. Monroe Stree	et, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DECI	AIM MENTAL	HEALTH	TIC

(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 03/03/2023		and assigned	
Florida document number L23000113490			
This amendment is submitted to amend the following:			
is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  In new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Iter new principal offices address, if applicable:  In cipil office address MUST BE A STREET ADDRESS)  DEERFIELD BEACH, FL 33442  Iter new mailing address, if applicable:  SulTE 300D  DEERFIELD BEACH, FL 33442  SulTE 300D  DEERFIELD BEACH, FL 33442  If amending the registered agent and/or registered office address on our records, enter the name of the new registered			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3275 W HILLSBORO BLVD		
• • •	SUITE 300D		
Enter new mailing address, if applicable:	3275 W HILLSBORO BLVD		
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 300D	7 HILLSBORO BLVD 300D FIELD BEACH, FL 33442	
	DEERFIELD BEACH, FL 33442	<u> </u>	
agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registered	
•			
New Registered Office Address:	Enter Florida street address		
	Ciŵ	Zip Coae	

## 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.

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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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□ Change

-		
<u>Sote:</u> L	date, if other than the date of filing:	207 as
record d is file	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th	ıe
Dated _	ARCH 30 2023	
<i>7</i> arcu _		
	Signature of a member or authorized representative of a member	