

L23000529 622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

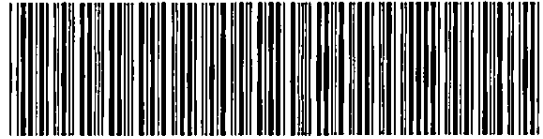
(Business Entity Name)

(Document Number)

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2024 JAN -4 AM 11:09
OFFICE OF THE CLERK
STATE OF CONNECTICUT
HARTFORD, CT 06103

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: F & R Psychiatric Services 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:

Florence Alexandre Desgraves

Name of Person

F & R Psychiatric Services LLC

Firm/Company

8895 North Military Trail Unit C 203

Address

Palm Beach Gardens FL, 33410

City/State and Zip Code

fdesgraves@yahoo.com

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

For further information concerning this matter, please call:

Florence A. Desgraves at (954) 6511588
Name of Person Area Code 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

2009 JAN -4 PM 11:09
FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

F & R Psychiatric Services 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 11/28/23 and assigned Florida document number L23000529622.

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)

8895 North Military Trail Unit C 203

Palm Beach Gardens Fl, 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8654 South Lexington Drive

Miramar Fl, 33025

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

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

It is possible to change active date to January 15 2024 instead of February 15 2024 as previously stated in initial application.

2024 JAN -4 PM 11:09
SECRETARY OF STATE

E. Effective date, if other than the date of filing: 01/15/2024 (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)(b)

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 12/26/2024

Florence A Desgraves

Signature of a member or authorized representative of a member

Florence Alexandre Desgraves

Typed or printed name of signee

To change the Effective date you will have to file

Filing Fee: \$25.00

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

SECRETARY OF STATE
2009 JAN 14 11:09 AM
TALLAHASSEE, FLORIDA