

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L21000289586

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(((H22000125010 3)))



H220001250103ABCN

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GASSMAN, CROTTY & DENICOLA, P.A.
Account Number : 07535000514
Phone : (727)442-1200
Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Kim@gassmanpa.com

2022 APR -6 AM 11:16

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BLOOM PSYCHIATRY AND WELLNESS, P.L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 APR -6 AM 9:12

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APPROVED
AND
FILED

H2 2006125010 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLOOM PSYCHIATRY AND WELLNESS, P.L.L.C.

(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 06/22/2021 and assigned Florida document number L21000289586

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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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

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H220001250103

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

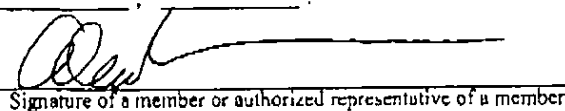
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROBERTA ZANZONICO	1245 COURT STREET	<input type="checkbox"/> Add
		CLEARWATER, FL 33756	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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)(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 4/6 2022


Signature of a member or authorized representative of a member

ALAN S. GASSMAN, ESQ., AUTHORIZED REPRESENTATIVE
Typed or printed name of signer