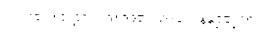
L23000 123 726

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
(CRy/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000408460240





COVER LETTER

TO: Registration Se Division of Cor			` .
SERENTTY	RISING PSYCHOLOGICAL	SERVICES, PLLC	•
SUBJECT:	Name of Limit	ted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Jose A. Miranda		
		Name of Person	
	Serenity Rising Psychologi	cal Services, PLLC	
		Firm Company	
	15665 SW 13th Terrace		
		Address	
	Miami, Florida, 33194		2023 MAY 12
		City/State and Zip Code	
	josemiranda@zenrisepsycho		
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	ull:	
Jose A. Miranda		305 788-3013	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
€ \$25.00 Filling Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration Se	ction
Registration Division of C		Registration Se Division of Co	
P.O. Box 63:	27	The Centre of T	Fallahassee
Tallahaccoo	FI 32314	2415 N. Monro	se Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_____ and assigned

SERENITY RISING PSYCHOLOGICAL SERVICES, PLLC

(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 $\frac{03/09/2023}{1}$

Florida document number 1.23000123726 This amendment is submitted to amend the following:				
This amendment is submitted to amend the ronowing.				
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:			
Zenrise Psychology, PLLC				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.E.C."		
Enter new principal offices address, if applicable:	3625 NW 82nd Ave #400			
(Principal office address MUST BE A STREET ADDRESS)	Doral, FL 33166			
		F		
Carana and Barandalana Hamiliankia	2423 SW 147th Ave #2143	2		
Enter new mailing address, if applicable:	Miami, FL 33185	ro ro		
(Mailing address MAY BE A POST OFFICE BOX)				
Name of New Registered Agent:				
New Registered Office Address:	I mee I locala street address			
	Flo	Florida		
	City	Zip Code		
	· · ·			
New Registered Agent's Signature, if changing Registered Agent	·			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agreeovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	<u>:</u> ree to act in this capacity. I fur e performance of my duties, an provided for in Chapter 605, I	d Lam familiar with and E.S. Or, i) this document is		

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>	Address	Type of Action
			MAdd
			□Remove
			DChange
			□ Add
			□Remove
			□ Change
			Add **
			Remove
			☐ Change Add Remove ☐ Change
			□Remove
			□Remove
			□Change
			: TAdd
			Change

•				<u>-</u>			•		-
									-
				 –					-
		<u>-</u> ,		<u> </u>				·—·	_
									-
									_
									-
							.1"	3	-
								&	٠.
-									_
				<u> </u>			- :	~~	-
	,							13	-
								. T.	
						·		;;``	-
								<u> </u>	_
									_
								•	_
									_
			05/08/2023						
Iffective date, if o	ther than the dat sted, the date must be	te of filing	<u> </u>		or or more than 91	(option	al) ing i Pu	ursuumt to 60	15 0207
Note: If the date in	serted in this block	does not m	ect the appli-	rable statutory	y tiling requires	nents, this d	ate wil	I not be lis	sted as
locument's effectiv	e date on the Depar	tment of Si	iate's records						
record specifies a d d is filed.	delayed effective da	ite, but not :	an effective t	ime, at 12:01	a.m. on the ear	lier of: (b)	The 9	0th day aft	er the
	May	8	2023						
	•	_							
Dated	<u> </u>	·		 					
Dated									

Typed or printed name of signee