	(Requestor's Name)	·· •
(	(Address)	. <u></u>
	(Address)	
	(City/State/Zip/Phone #)	· · · · · · · · · · · · · · · · · · ·
PICK-UF	WAIT	MAIL
(	(Business Entity Name)	
Certified Copies	(Document Number)  Certificates of	Status
Special Instructions	to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Psychodynar	nic, PA former Oak	view Associates, PA
	P1100004832		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Eve A. Hershberg	ger	
•		Name of Contact Person	l
	Psychodynamic,	PA	
•		Firm/ Company	
	1209 NW 12th Av	venue	
		Address	
	Gainesville, FL 3	2601	
•		City/ State and Zip Code	
eve	h347@aol.com		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Eve Hershbe	rger	<sub>at (</sub> 352	, 359-5709
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## **Articles of Amendment Articles of Incorporation** of

12/1	ED
<sup>28</sup> 12 Ju .	
TALLANASSE,	11015

## Psychodynamic, PA.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000048322

(Document Number of Corporation (if known)

ent(s) to

sychodynamics, PA (Note: The	<del></del>
	"corporation," "company," or "incorporated" or the abb. "Inc," or "Co". A professional corporation name must co breviation "P.A."
Enter new principal office address, if applicable:	N/A
incipal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u> )
Enter new mailing address, if applicable:	NI/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<u>N/A</u>
If amonding the registered egent and/or registered	office address in Florida, onton the name of the
If amending the registered agent and/or registered new registered agent and/or the new registered off	
new registered agent and/or the new registered off	
new registered agent and/or the new registered off	
new registered agent and/or the new registered off	ice address:

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. \ If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	÷
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove		
2) Change Add Remove	<del></del>	
3 ) Change Add Remove	<u> </u>	**************************************
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove	·	

tach additional sheets	additional Arti s, if necessary).	(Be specific)			
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an amendment prov	ides for an exch	ange, reclassif	ication, or can	cellation of issu	ed shares.
rovisions for implem (if not applicable,	indicate N/A)	nament it not (	contained in th	<u>e amenament it</u>	<u>seir:</u>
	•			· · · · · · · · · · · · · · · · · · ·	
·			· · · · · · · · · · · · · · · · · · ·	traistern tea	
t	was the state of the state of	,			

The date of each amendment(s)	adoption: July 6, 2012
Effective date <u>if applicable:</u>	aly 6, 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
Dated July 6	5, 2012
Signature	Welling-
	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court
	inted fiduciary by that fiduciary)
	Eve A. Hershberger
	(Typed or printed name of person signing)
	President
	(Title of person signing)