

L01 000021 952

(Requestor's Name)

(Address)

(Address)

(City/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



100400655581

01/23/23--01020--010

2013 JAN 23 PM 1:27

ED

STATE
FBI

~~RECEIVED~~

R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH STAR CENTRE, LLC (to be changed to GOAL DIRECTED
Name of Limited Liability Company PSYCHOTHERAPY SOLUTIONS, LLC)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRA S. KAUFMAN

Name of Person

GOAL DIRECTED PSYCHOTHERAPY SOLUTIONS, LLC

Firm/Company

7100 W. CAMINO REAL BLVD, STE 302-9

Address

BOCA RATON, FL 33433

City/State and Zip Code

IRA KAUFMAN 765@gmail.com

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

For further information concerning this matter, please call:

IRA S. KAUFMAN

Name of Person

at (561) 756-5100

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

NORTH STAR CENTRE 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 12/18/2001 and assigned Florida document number LC1000021952.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GOAL DIRECTED PSYCHOTHERAPY SOLUTIONS, LLC

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)

7100 W. CAMINO REAL BLVD.

STE 302-9

BOCA RATON, FL 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7100 W. CAMINO REAL BLVD.

STE 302-9

BOCA RATON, FL 33433

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:

IRA KAUFMAN

New Registered Office Address:

7100 W. CAMINO REAL BLVD STE 302-9

Enter Florida street address

BOCA RATON

City

Florida

33433

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

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>
--------------	-------------	----------------	-----------------------

CLINICAL DIRECTOR	JODY KAUFMAN
----------------------	--------------

1380 SW 5 TH CT BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Add
--	---

☐ Remove

☐ Change

OFC MGR	JEAN IADEROSE
---------	---------------

2841 S CLEARBROOK CIR. DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Add
--	---

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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

4:23 PM 11:27

E. Effective date, if other than the date of filing: 01/01/2023 (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 January 1, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00