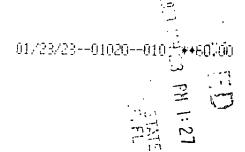
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**随时间** R. HUNT

## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

	Name of Lin	nited Liability Company	DSYCHOTHERARY SOLUTIONS, LLC)
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	IRA S. KAL	IF IN A N Name of Person	
	GOAL DIRECTED	PSYCHOTHERAPY SO	OLUTIONS, LLC
		Firm/Company	
	7100 W. CAMI	NO REAL BLUD,	STE 302-9
		Address	÷
	BOCH RATON;	FL 33433	
	<del>/</del>	City/State and Zip Code	<del></del> , <u> </u>
	ira Kaulman 9	68@gmail.com	notification)
	E-mail address: (	to be used for future annual report	notification)
For further information	concerning this matter, please c	all:	7: 22
IRA S KAUF	=mAN	a (56/ \ 756	-5100
Name	of Person	Area Code Da	ytime 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	The Centre of	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTH STAR CENT	RE LLC
	pany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u> </u>	y were filed on 12/18/2001 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
CCAL DIRECTED PSYCHOTHERARY SOL The new name must be distinguishable and contain the words "Limited Liab	UTIONS, LLC
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1100 W. L'AMINO REAL BLUD.
(Principal office address MUST BE A STREET ADDRESS)	STE 302-9
-	BOCH RATON, FL 33433
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	STE 302-9 BOCH RATON, FL 33433  JIOO W. CHIMINO REHL BLUDI STE 302-9 BOCA RATON, FL 35433
	BOOA RATUN FL 33433
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
•	KAUFMAN
New Registered Office Address: 7100 LC	1, CHMINO REAL BLUD STE 302-9 Enter Florida street address
<u>/300 A /</u>	RATUN Florida 33433
·	City Zip Code
Vew 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 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>	Address	Type of Action
CLINICAL DIRECTOR	JODY KAUFMAN	1380 SW 5HLCT BOCH RATON, FL 33432	🖾 Add
		·	Remove
			Change
OFC MGR	JEAN IADEROSE	J841 S CLEARBROOK CIR. DELRAY BEACH, FL 33445	ॉAdd
			□Remove
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		<u>,</u>	□ Add
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			□Change
			□Add
			□Remove
			□Change

etive date, if other than the date of filing:  Or/or/2033  flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of the date inserted in this block does not meet the applicable statutory filing requiremment's effective date on the Department of State's records.	
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	ents, this date will not be liste
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli filed.	er of: (b) The 90th day after
January 1, 2023	
January 1, 2023	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00