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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

WL-2811

(Document Number)

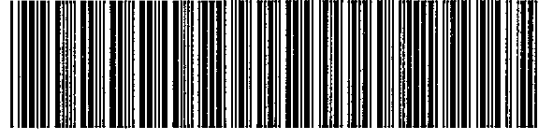
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. HODGES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIND WORKS PSYCHOTHERAPY, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

LISA A. SCHAUFLEK, MA, LMHC, NCC
(Name of Person)

MIND WORKS PSYCHOTHERAPY, LLC
(Firm/Company)

221 N. HWY 27, SUITE F
(Address)

CLERMONT, FL 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA A. SCHAUFLEK at (352) 243-5901
(Name of Person) (Area Code & Daytime Telephone Number)

EIN # 56-2552138

Enclosed is a check for the following amount:

~~\$25.00 Filing Fee~~
VOID

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MIND WORKS PSYCHOTHERAPY, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 1-13-06 and assigned document number 106-2811. SEE ATTACHED

SECOND: This amendment is submitted to amend the following:

1) MAILING
PLEASE CHANGE ADDRESS OF MIND WORKS
PSYCHOTHERAPY, LLC :

FROM: 7833 OTT Williams Road

CLERMONT, FL 34714-8655

352-394-8612

NEW MAILING ADDRESS To: 221 N. HWY 27 SUITE F
CLERMONT, FL 34711

352-243-5901

2) DELETE FROM "ARTICLE V" MANAGING MEMBERS / MANAGERS
MANAGER: CHRISTOPHER E. TRAMMELL, 7833 OTT Williams Road,
CLERMONT, FL 34714-8655

Dated 3-6, 2006.

Lisa A. Schauler MA, LMHC, NCC
Signature of a member or authorized representative of a member

LISA A. SCHAULER, MA, LMHC, NCC

Typed or printed name of signee

EIN # 56-2552138

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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