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KATHER SUBJECT:	RINE M. MCKAY, PH.D., LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Dr. Katherine M. McKay		
		Name of Person	
	Attuned	Connections LL	<u></u>
		Firm/Company	
	840 Beach Drive N.E		
		Address	
	C. D		
	St. Petersburg/FL/33701		
		City/State and Zip Code	
	dr.kmmckay@gmail.com	to be used for future annual report no	tillication)
		•	ouncadon)
For further information	concerning this matter, please c	all:	
Dr. Katherine M. McK	ay	727 3850032 at ()	
Name	e of Person	Area Code Dayti	me 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addi Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

` · **TO**:

Registration Section Division of Corporations

2021 1:0" 15 PH 12: 21

August 4, 2021

DR. KATHERINE M. MCKAY 840 BEACH DRIVE N.E. ST. PETERSBURG, FL 33701

SUBJECT: KATHERINE M. MCKAY, PH.D., LLC

Ref. Number: L06000070370

We have received your document for KATHERINE M. MCKAY, Ph.D., LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00018315

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

TO ARTICLES OF ORGANIZATION **OF**

KATHERINE M. MCKAY, PH.D., LLC

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on 07/14/2006 and assigned
Florida document number 20-5201457	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	
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:	2021
(Principal office address MUST BE A STREET ADDRESS)	
	P
Enter new mailing address, if applicable:	72.
(Mailing address MAY BE A POST OFFICE BOX)	572
B. If amending the registered agent and/or registered office address on	our records, enter the name of the new regis
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	ter l'Iorida street address
En	ter r torida street daaress
City	, Florida Zip Code
New Registered Agent's Signature if changing Registered Agent:	гар Сом

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 . 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>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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			DAdd
			□Remove
			□Change

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Note: If	e date, if other than the date of filing:
rd is filed	
Dated	110/11/2021
	Signature of a member or authorized representative of a member
	Dr. Katherine M. McKay
	Typed or printed name of signee