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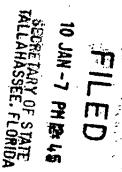
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D. BRUCE

JAN -8 2010

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor		1				
SUBJI							
SUBJI	ECT						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
			Name of Person				
		FL	FURR AND COHEN, PA				
			Firm/Company				
		2255 (2255 GLADES RD. SUITE 337W				
	e e e e e e e e e e e e e e e e e e e						
		E.					
			City/State and Zip Code	_ 7.0 °			
	SHEILPSYCH@AOL.COM E-mail address: (to be used for future annual report notification)						
For fu	rther information o	concerning this matter, please of	·				
	ROB	ERT C. FURR	at (_561_) 395-0500 ·	の事経			
	Name o	f Person	Area Code & Daytime Telephone Nur	nia en			
Enclos	sed is a check for t	he following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	Filing Fee, ficate of Status & fied Copy itional copy is enclosed)			
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CHILD CUSTO	DY GROUP	, LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appear ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	06/21/07	and assigned
Florida document number <u>L07656065441</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	
PSYCHOLOGY CON	SULTANTS, LI	LC	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	ny," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:		, ,	- C
(Principal office address MUST BE A STREET ADDRESS)		74 	E T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EE. FLORIDA	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on o	our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			·
New Registered Office Address:	F	ton Florida -tt 11	
	Enter Florida street address		
	City	, Florida	Zip Code
	Cuy		zıр Coae

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			AddRemove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necesso	10 JAN-7
_	*	·	Fight Park
 Dated / _	1. /		
Dated	She la	C Fresh 1'	
		er or authorized representative of a member SHEILA C. FURR	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00