

L080000070914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

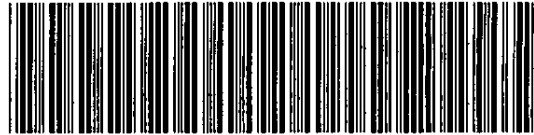
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

AUG - 6 2008

EXAMINER



000133693680

08/05/08--01024--008 **60.00

08 AUG - 5 AM 11:30

SECRETARY OF
DIVISION OF COMMUNICATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGES 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:

ULLI HINRICHSEN, LCSW
(Name of Person)

CHANGES PSYCHOTHERAPY, LLC
(Firm/Company)

160 W. CAMINO REAL #126
(Address)

BOCA RATON, FL 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

ULLI HINRICHSEN at (561) 703 2154
(Name of Person) (Area Code & Daytime 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 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 AUG -5 AM 11:30

CHANGES PSYCHOTHERAPY, 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 JULY 23, 2008 and assigned
Florida document number L08000070914.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ULLI HINRICHSEN, LCSW
160 W. CAMINO REAL #126
BOCA RATON, FL 33432

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:

HINRICHSEN ULLI; LCSW

New Registered Office Address:

(Enter Florida street address)

Florida

(City)

(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 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.

ULLI HINRICHSEN, LCSW
(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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HINRICHSEN, UWE	FOUNTAIN SQUARE, 72 NE FIFTH AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HINRICHSEN, ULLI	FOUNTAIN SQUARE, 72 NE FIFTH AVENUE DELRAY BEACH, FL 33483	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	HINRICHSEN, ULLI	FOUNTAIN SQUARE, 72 NE FIFTH AVENUE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

PLEASE CORRECT SEQUENCE HOW NAME + CREDENTIALS OF
REGISTERED AGENT + MANAGER/MEMBER ^{ULLI}APPEAR. SHOULD
READ: HINRICHSEN ULLI, LCSW
(LAST NAME[↑] - FIRST NAME[↑] - PROFESSIONAL CREDENTIALS)

Dated 8/1, 2008

Ulli Hinrichsen, LCSW
Signature of a member or authorized representative of a member

ULLI HINRICHSEN, LCSW
Typed or printed name of signer