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(Re	equestor's Name)	
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(Do	cument Number)	
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G. MCLEOD

AUG 17 2011

**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Bradley van Hoek Psychollerapy PULL 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:
Bradley van Hoek Name of Person
Bradleyran Hock Psycho Nevary Firm/Company
205 Worth Avenue, Suite 201
Palm Beach F1 33480 City/State and Zip Code
E-mail address) (to be used for future annual report/notification)
For further information concerning this matter, please call:
Bradley van Hock at (561) 281 1693  Namo of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}}

### MAILING ADDRESS:

TO:

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

Bradley Wo.	n Hock t	as it now appears on consists Company)	our records.)	LLC	
The Articles of Organization for this Limited L		ere filed on <u>JUNE</u>		9 and as	signed
This amendment is submitted to amend the foll	-				
A. If amending name, enter the new name of the new name must be distinguishable and end with the new name must be distinguishable and end with the new name must be distinguishable and end with the new name of the new name			ha danimatian "I	I (" or the	abbraviation
"L.L.C."	th the words Limited	плаонну сопірану, п	ne designation i	LC of the	aobieviacion
Enter new principal offices address, if applie	cable:				<del></del>
(Principal office address MUST BE A STREI	ET ADDRESS)		***	· · ·	
			<u> </u>		
Enter new mailing address, if applicable:			C	UG 15	Williams
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>		(T)
			ĹŒ	έςη. (πεέ ••	Sink a way
	-		13	- es	
B If amending the registered agent and registered agent and/or the new registered o		e address on our re	ecords, <u>enter t</u>	he name	of the new
Name of New Registered Agent:					
New Registered Office Address:	205 Wa	OM AVENU	10, Súl orida street add	He 21	<u> </u>
	Palm Be	OFM AVENU Enter Fl QCL City	, Florida	334 Zip Coa	80 le

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 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 Type of Action **Address** <u>Title</u> <u>Name</u> ☐ Add □ Remove ☐ Add Remove ☐ Add Remove  $\prod Add$ Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00