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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 26 PM 3:02

DEC 27 2012
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CENTER FOR HUMAN FORMATION, 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:

Carlos C. Gomez, PhD

Name of Person

Firm/Company

9459 SW 72ND ST STE B295

Address

MIAMI, FLORIDA 33173

City/State and Zip Code

cgomez@gomezphd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Gomez

Name of Person

at (**786**) **879-7007**

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
CLERK OF STATE
DIVISION OF CORPORATIONS

12 DEC 26 PM 3:02

CENTER FOR HUMAN FORMATION, 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 _____ and assigned
Florida document number _____.

This amendment is submitted to amend the following:

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

CENTER FOR HUMAN FORMATION, PLLC

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)

**9495 SW 72ND ST STE B295
MIAMI, FLORIDA 33173**

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**9495 SW 72ND ST STE B295
MIAMI, FLORIDA 33173**

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: _____

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.

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	DR. CARLOS C GOMEZ AND ASSOCIATES, PA	9495 SW 72ND ST STE B295	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33173	<input type="checkbox"/> Remove
MGR	HOLLY GOMEZ	9495 SW 72ND ST STE	<input checked="" type="checkbox"/> Add
		STE B295	<input type="checkbox"/> Remove
		MIAMI, FL 33173	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

ARTICLE III TO BE FULLY REPLACED BY NEW ARTICLE III TO STATE

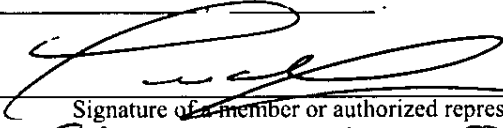
"TO PROVIDE PSYCHOLOGICAL AND CLINICAL SERVICES TO INCLUDE

ASSESSMENT & EVALUATION, COUNSELING & PSYCHOTHERAPY.

EDUCATION AND CONSULTING, COACHING, AND CLINICAL HEALTH

PSYCHOLOGY SERVICES."

Dated **DECEMBER 24 2012**


Signature of a member or authorized representative of a member

CARLOS C GOMEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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