

L11000046756

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(Address)

(Address)

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TALLAHASSEE FLORIDA

SEP 27 2013
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Whole Health Psychological Center 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:

Rachel Needle
Name of Person

Whole Health Psychological Center
Firm/Company

5 Harvard Circle Suite 109
Address

West Palm Beach, FL 33409
City/State and Zip Code

dr.rachelneedle@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel Needle at (561) 262-4723
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Whole Health Psychological Center 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 4/20/2011 and assigned
Florida document number L11000046756

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)

5 Harvard Circle Suite 109
West Palm Beach, FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5 Harvard Circle Suite 109
West Palm Beach, FL 33409

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

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TALLAHASSEE FLORIDA

MGR = Manager
MGRM = Managing Member

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TALLAHASSEE, FLORIDA

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

Dated

9/11, 2013

Rachel Needle, MGR

Signature of a member or authorized representative of a member

Rachel Needle

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA