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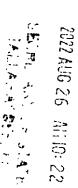
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## **COVER LETTER**

TO: Registration Section

Division of Co	rporations		
SUBJECT:	Coral Psycho Name of Lin	logical Services	PLLC
	Amendment and fee(s) are sub	_	
Please return all corresp	ondence concerning this matter	to the following:	
	Pauline	Hightower Name of Person	
	Coral	Psychological Se	emær PLLC
	2-30 3 11	m IU lone	
	<u></u>	w 14 lane Address	·-··
For further information o	Phightu E-mail address: (concerning this matter, please e		otification)
Pauline	thantower of Person	at (234) 64 Area Code Dayti	5-1847
Name (	of Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for t	he following amount:		
XS25.00 Filing Fee	S30.00 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)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration S	
Division of O P.O. Box 633		Division of Co The Centre of	
Tallahassee.			roe Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coral Psychological Sc	ervices PLLC
(Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now applyars on our records.)
The Articles of Organization for this Limited Liability Company w Florida document number	. 1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
Coral fsychological Sences The new name must be distinguishable and contain the words "Limited Liability	LLC
The new name must be distinguishable and contain 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)	NA
Enter new mailing address, if applicable:	NIA
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adapted agent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Cinde
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
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Effective date, if other than the date of filing:    O8   23   Z-02-2   (o)     of an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a     Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	<b>ptional)</b> after filing.) Pursuant to t this date will not be l	605,0207 ( listed as t
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of rd is filed.	(b) The 90th day a	fter the
Dated 08   23 2022		
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00

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Note: 11 documen	f the date ins nt's effective	erted in the date on th	is block does ie Departmer	s not meet the a nt of State's rec	pplicable statu ords	itory filing requ	iirements, this	date will not be lis	sted as t
rd is file	d,							The 90th day aft	er the
Dated _	<u>9</u> و	5/23	202	2		esentative of a n			
			6	HALLOO.					
			Signature	e of a member of	authorized repr	resentative of a n	nember		

Filing Fee: \$25.00