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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Schutt Consulting Services, 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:

Margaret Schutt

Name of Person

Palm Beach Psychology Group

Firm/Company

13394 152nd Rd N

Address

Jupiter, FL 33478

City/State and Zip Code

mail2joshuaj@gmail.com

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

For further information concerning this matter, please call:

Margaret A. Schutt

^{'24} 691-1689

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

Schutt Consulting Services, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record	<u>is.) >- ΄΄. ω</u>
(A Florida Limited L	лаоппу Сотрану)	Z
The Articles of Organization for this Limited Liability Company	were filed on 8/14/2012	and assigned
Florida document number L12000104515		777 NO 15
Florida document number		
		전 · 호텔
This amendment is submitted to amend the following:		A@i80 317.0
A If amouding some actor the name of the Birite & Birth	2124	۶ ۶
A. If amending name, enter the new name of the limited liab	unty company nere:	
Palm Beach Psychology Group, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	■ 9970 S. Central Park	Blvd
(Principal office address MUST BE A STREET ADDRESS)	Suite 207	
	Boca Raton, FL 33428	
Data and an all and the second and t	13394 152nd Rd N	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Jupiter, FL 33478	
B. If amending the registered agent and/or registered of		nter the name of the nev
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
N		
New Registered Office Address:	Enter Florida stre	oat addrang
	Emer rioriaa sire	er auaress
	, Flori	
	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

Title <u>Name</u> **Address Type of Action** Meghan K. Jacobs 9970 S. Central Blvd **MGRM** Suite 207 Remove Boca Raton, FL 33428

If amending any other inform	ation, enter change(s) b	here: (Attach additional sheets, if	necessary.)
 		· · · · · · · · · · · · · · · · · · ·	
			
_{ed} November 18	2013	•	
M	agent	A Schutt	
S	ignature of a member or au	uthorized representative of a member	· · · · · · · · · · · · · · · · · · ·
Margaret A. S	chutt		
	Typed or pri	inted name of signee	

Page 3 of 3

Filing Fee: \$25.00

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