

L12000126594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2013 JUL -2 AM 7:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 3 2013

J. BRYAN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2013

KAREN S. KEATON
GULF BEACHES LAW, P.A.
2816 BEACH BOULEVARD SOUTH
ST. PETERSBURG, FL 33707

SUBJECT: OPEN MINDS THERAPY GROUP OF TAMPA BAY, LLC
Ref. Number: L12000126594

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We have received your document for OPEN MINDS THERAPY GROUP OF TAMPA BAY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 713A00014987

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Open minds Therapy Group of Tampa Bay, 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:

Karen S. Keaton
Name of Person

Gulf Beaches Law, P.A.
Firm/Company

POST OFFICE BOX 1139
Address

St. Petersburg, FL 33731-1139
City/State and Zip Code

Christy@gulfbeacheslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen S. Keaton, RA at (727) 822-2200 ext 4
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)

*Previously
paid - see
attached letter*

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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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Open Minds Therapy Group of Tampa Bay, 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 October 4, 2012 and assigned Florida document number L120001216394.

This amendment is submitted to amend the following:

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

The Federa Psychological Group, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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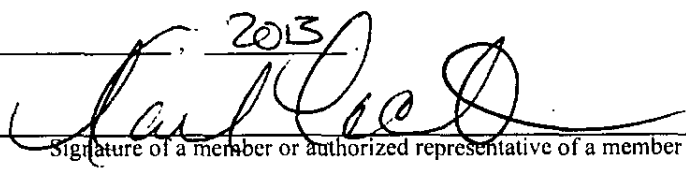
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 1

2013



Signature of a member or authorized representative of a member

Karen S. Keaton, Registered Agent

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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