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COVER LETTER

	ntion Section of Corporations		ر من المنافقة
,	Sevene Mind Psyc	holocal IIC	
SUBJECT:	Name of Lin	nited Liability Company	
,		,h,	The state of the s
			the state of the s
The enclosed Arti	icles of Amendment and fee(s) are sub	omitted for filing.	ن ؟
Please return all c	correspondence concerning this matter	to the following:	*\$
	S	tephanie Moir	
	-	Name of Person	
	_ Serene Min	d Psychology LLC Firm/Company	
		rim/Company	
	730 S. Ster	rling Ave suite 30	1
		rling Ave suite 30	
•	Tampa FL	33609 City/State and Zip Code	
	la 110 (1) CO (0)	Chystate and Zip Code	
	E-mail address:	ne mind PSych. co	cation)
For further inform	nation concerning this matter, please c		,
Stephani	e Moir	at (813) 321 8	52 80
	Name of Person	at (<u>813</u>) <u>321</u> 8 Area Code Daytime	Telephone Number
Unalogad is a shur	ck for the following amount:		
S25.00 Filing	•	C CS OO DIE DE O	F 640 00 PP P
323.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
paid A	135,00 with	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
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innveriati	check, I would a store turn.		
Ab. 500	MAILING ADDRESS:	STREET/COURIE	ER ADDRESS:
Registration Section		Registration Section	ı
	Division of Corporations P.O. Box 6327	Division of Corpora Clifton Building	ilions
	Tallahassee, FL 32314	2661 Executive Cen	
		Tallahassee, FL 323	·U1

ARTICLES OF AMENDMENT TO



ARTICLES OF A	AMENDMENT		
TO	Ý.		
, ARTICLES OF O	RGANIZATION		
O			
Sevene Mnd F (Name of the Limited Liability Compar (A Florida Limited L	RGANIZATION F Cychology UC Was it now appears on our records.) iability Company)		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) (ability Company)		
	137.7		
The Articles of Organization for this Limited Liability Company	were filed on 8/11/2014 and assigned		
Florida document number 1 1 4 000 1 2 5 8 0 4.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Sarana Mind Courselia	+ Fucilizations II (
Serene Mind Counseling The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LLC."		
Enter new principal offices address, if applicable:	730 S. Sterling Ave suite 301		
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33609		
Enter new mailing address, if applicable:	730 S. Sterling Ave Suite 301		
(Mailing address MAY BE A POST OFFICE BOX)	730 S. Sterling Ave Suite 301 Tampi FL 33609		
THE THE THE TENT OF THE BOX			
D. If amonding the negistered went and/or registered of	S		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here			
Norma of New Decisioned Assess			
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
, Florida			
	Cuy Zıp Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further garge to comply with the		
provisions of all statutes relative to the proper and complete p			
accept the obligations of my position as registered agent as p	rovided for in Chapter 605. F.S. Or, if this document is		
being filed to merely reflect a change in the registered office of	iddress, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
•	WIA		
	•		Remove
			☐ Change
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Not	effective date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	ed April 30, 2019.
	Signature of a member or authorized representative of a member
	Stephanic Moir Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00