

L150000 20997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

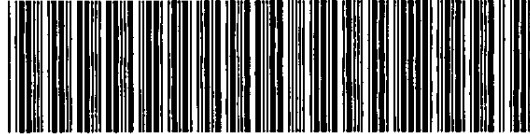
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 FEB 22 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 22 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zachary C. Bayer, PsyD, 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:

Zachary C. Bayer, PsyD
Name of Person

Firm/Company

216 Hospital Dr
Address

Ft Walton Beach FL 32548
City/State and Zip Code

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

For further information concerning this matter, please call:

Zachary Bayer at (850) 830-5860
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2016

ZACHARY C BAYER
216 HOSPITAL DR
FT WALTON BEACH, FL 32548

SUBJECT: ZACHARY C. BAYER, PSYD, LLC
Ref. Number: L15000020997

RECEIVED
2016 FEB 22 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ZACHARY C. BAYER, PSYD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00003038

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Zachary C. Bayer, PsyD, 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 January 27, 2015 and assigned Florida document number L15000020997.

This amendment is submitted to amend the following:

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

Bayer NeuroBehavioral Center, PLLC

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

NA

New Registered Office Address:

Enter Florida street address

City

Florida

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 605, 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Corissa L. Bayer	216 Hospital Dr	<input checked="" type="checkbox"/> Add
		Ft Walton Beach, FL 32548	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FL 32399-0001

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

I would like the designation of this company to be a Professional limited liability company (PLLC). Both members are licensed psychologists in the state of FL:

Zachary C. Bayer, PsyD PY 9214

Corissa L. Bayer, PhD PY 9440

The purpose of this entity is to provide psychological services to the local community. We are doctoral level providers, providing a professional service.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated February 9, 2016.



Signature of a member or authorized representative of a member

Zachary C. Bayer

Typed or printed name of signee

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TALLAHASSEE, FLORIDA