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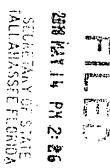
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HAY 16 2019 J. HARRIS

COVER LETTER

10		ision of Cor			•
SHI	вјест:	Goldcoast F			
50.	DULCI.		Name of Lim	ited Liability Company	
The	enclosed	I Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Plea	ase return	all correspon	ndence concerning this matter	to the following:	
			Raj Shekhat		
				Name of Person	·
				Firm/Company	
			2694 Caroline Drive		
			··	Address	
			Jupiter, FL 33458		
			•	City/State and Zip Code	
			rshekhat@gmail.com		
			E-mail address: (1	to be used for future annual report	notification)
For	further it	nformation co	oncerning this matter, please ca	all:	
		Name of	Person	at () Area Code Da	sytime Telephone Number
Enc	losed is a	check for th	e following amount:		
	\$25.00 F	iling 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

Goldcoast Psychiatry					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>.) </u>			
The Articles of Organization for this Limited Liability Company Florida document number L15000050715	and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2141 Alternative A1A South, Unit 300				
(Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 33477				
	2694 Caroline Drive	tion, and			
Enter new mailing address, if applicable:	Jupiter, FL 33458	SO TO THE PARTY OF			
(Mailing address MAY BE A POST OFFICE BOX)	Jupitor (1°C 3.34.36				
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		, enter the name of the new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
		rida			
	City	Zin Cada			

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 = M $AMBR = A$	fanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
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Effective	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua			
Note: If	the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua the date inserted in this block does not meet the applicable statutory filing requirements, this date will not a effective date on the Department of State's records.	int to 60: ot be list	5.0207 ted as	[3)(:he
the recor) The 9	od specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the Oth day after the record is filed.	e earli	er of	
Dated	5/8 2018			
	Pro TIU			
	Signature of a member or authorized representative of a member	<u>که در </u>		
	RAJ SMEKMAT Typed or printed name of signee		5	432
	Typed or printed name of signee	2		
		ງ ປີ ⊆ີ່່ ປັລະເ	70	Đ Đ
	Page 3 of 3		?	F.F.
	Filing Fee: \$25.00	, <u></u>	\$\$. 5 0	1841