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SECRETARY OF STATE

APR 2 6 2016 S. YOUNG

* COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: PSych Now 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:	
Melissa J Seneway Name of Person	
PSYCHNOW LLC Firm/Company 5 E	SECR
1615 S. Congress Ave suite 103 %	でした。
1615 S. Congress Ave Suite 103 B. Badress Delray Beach F1 33445 City/State and Zip Code	SEE, FLORIUM
E-mail address: (to be used for future annual report notification)	10
For further information concerning this matter, please call:	
MLUSSa J Servenay at Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee,	

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(P	r riorius Chineu Li	abinty Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L1500079</u> This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to a sub	144. ving:	·	and assigned LAHASSLE, FLED STR. APR 25 PM 4:
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L. G
Enter new principal offices address, if applical (Principal office address MUST BE A STREET		1615 S. Congres Delray Beach,	ss Ave Smite 103 FL 33445
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>	1615 S. Congres Delray Beach, F	s Ave Suite 103 L 33445
B. If amending the registered agent and/or registered agent and/or the new registered offi			nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	1615	S. Congress Enter Florida street address	tre Suite 103
	Delray	Beach, Florid	2ip 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> Address Type of Action □ Add □ Remove ☐ Change _□ Add ☐ Remove □ Change □ Rem@e _□ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change ☐ Add

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Signature of a member or authorized representative of a member	Mulisa	Vermay	
1/1 / 1	S	gnature of a member or authorized representativ	e of a member
		Seneway Typed or printed name of signee	

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Filing Fee: \$25.00