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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: Janina B. Brandt, Poy. D. PLLC 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: | | | | | |
| Janina Brandt Name of Person Janina B. Brandt Psy. D. PLLC Firm/Company | | | | | |
| 9722 Clemmons St. | | | | | |
| Parkland, FL 33076 City/State and Zip Code | | | | | |
| brand+@brand+.com E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| Janina Brandt at (917) 593-6221 Name of Person Area Code Daytime Telephone Number | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| \$25,00 Filing Fee Certificate of Status \$55.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) | | | | | |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| ARTICLES OF O | RUANIZATION (1)2 | |
|--|---|-----|
| Ol | F SA PER SA | |
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our records.) | |
| The Articles of Organization for this Limited Liability Company | were filed on 8/12/2015 and assigned | |
| Florida document number <u>L15000137525</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | |
| Dr. Janina B. Brandt Psycho The new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "L.L.C." or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | NO Change | |
| (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 as agent and/or the new registered office address here: | Mo Change Industry the name of the new register | rec |
| Name of New Registered Agent: | Jo Change | |
| 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 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> | Type of Action |
|--------------|-------------|----------------|----------------|
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|
| Purpose of This business: Dr. Janina B. |
| Brandt Psychologist PLLC is a |
| Clinical Psychology private practice |
| providing psychotherapeutic services |
| to patients. |
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| E. Effective date, if other than the date of filing: (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 18, 2022 |
| Signature of member or authorized representative of a member |
| Janina B. Brandt Typed or printed name of signee |

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