

L15000142094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

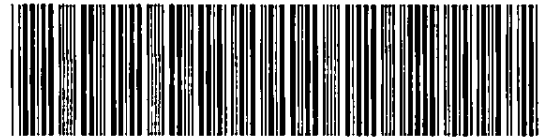
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

UNABLE TO Reach ANNE LOTIERZO  
By Phone # GIVEN TO CONFIRM  
Name Suffix. 8/17/2017  
KS

NOT Avail

Office Use Only



300300126343

06/08/17--01010--004 \*\*25.00

FILED  
2017 AUG 10 PM 12:33  
CLERK OF SUPERIOR COURT  
JAILHOUSE, FLORIDA

K. SALY  
AUG 17 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2017

ANNE C LOTIERZO  
2526 SE ALFONSO AVE.  
PORT ST. LUCIE, FL 34952

SUBJECT: ANNE C. LOTIERZO, PLLC  
Ref. Number: L15000142094

We have received your document for ANNE C. LOTIERZO, PLLC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P93000056134 "PSYCHSOLUTIONS, INC."

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.

Karen A. Saly  
Regulatory Specialist II

Letter Number: 117A00011745

RECEIVED  
2017 AUG 10 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Anne C. Lotierzo, 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:

Anne C. Lotierzo  
Name of Person

Anne C. Lotierzo, PLLC  
Firm/Company

2526 SE Alfonso Ave  
Address

Port St. Lucie, FL 34952  
City/State and Zip Code

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

For further information concerning this matter, please call:

Anne Lotierzo at (772) 284 0345  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing 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)

N/A per instructions -  
fee was paid  
See  
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

Anne C. Lotierzo, PLLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2017 AUG 10 PM 12:33  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/19/15 and assigned  
Florida document number L15000142094

This amendment is submitted to amend the following:

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

PsychSolutions of the Treasure Coast, 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:

(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 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:

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>	<u>Type of Action</u>
MGR	Marcie Brown	2526 SE Alfonso	<input checked="" type="checkbox"/> Add
		Port St Lucie, FL	<input type="checkbox"/> Remove
		34952	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

FILED  
2008 AUG 10 PM 12:33  
CLERK OF DISTRICT COURT  
JANUARY 11 2009

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

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2017 AUG 10 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

July 13

2017

Signature of a member or authorized representative of a member

Anne C. Lotierz

Typed or printed name of signee