L16000127794

(Re	equestor's Name)	
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COVER LETTER

	Registrat Division o			• •	
el in Inc	VI		chological Services, LLC		
SUBJEC	.1:		Name of Lim	ited Liability Company	
The enclo	osed Artic	les of Ar	mendment and fee(s) are sub	mitted for filing.	
Please re	turn all co	rrespond	lence concerning this matter	to the following:	
			Stacey Rosenfeld, PhD		
				Name of Person	
				Firm/Company	
			4601 Ponce de Leon Blvd.	, Suite 260	
				Address	
			Coral Gables, FL 33146		
				City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			drstaceyny@gmail.com		
			E-mail address: (to be used for future annual report notific	cation)
For further	er informa	tion con	cerning this matter, please ca	all:	
Stacey R	osenfeld,	PhD		305 846-9370 at ()	
	N	ame of P	erson	Area Code Daytime	Telephone Number
Enclosed	is a check	c for the	following amount:		
\$25. 0	00 Filing F	ee	■ \$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)

TO:

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

(Name of the Limited Liability Comp (A Florida Limited		ords.)		
	Liability Company)			
he Articles of Organization for this Limited Liability Compan	y were filed on		and ass	signed
lorida document number L16000127794				
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited lia	bility company here:			
Gatewell Therapy Center, LLC				
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "I	LC" or the abbrev	iation "L	L.C."
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		n. d.	<u> </u>	
		(6.75 ~	**************************************
			ćĎ	Citana
nter new mailing address, if applicable:				
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Mailing address MAY BE A POST OFFICE BOX)		OR STA	- 22	0
		- 5 7		
. If amending the registered agent and/or registered o		>	٠	

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> Name **Address Type of Action** □ Add □ Remove ☐ Change _□ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Ghange **□** Remove ☐ Change

					
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ective date, if other than th	ust be specific and cannot be p	prior to date of filing or mo	ce than 90 days after	filing.) Pursua	ant to 605.02
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