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COVER LETTER

	ration Secti on of Corpo			
	atewell Ther			
SUBJECT		Name of Limi	ted Liability Company	
The enclosed A	rticles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all	l correspond	ence concerning this matter	to the following:	
		Stacey Rosenfeld		
			Name of Person	
		Gatewell Therapy Center		
			Firm/Company	
		523 Avalon Gardens Drive		
			Address	
		Nanuet, NY 10954		
			City/State and Zip Code	
		srosenfeld@gatewelltherapy E-mail address: (t	center.com o be used for future annual repor	t notification)
For further info	rmation con	cerning this matter, please ca		
Stacey Rosenfel	ld		917 847-484 at ()	
	Name of Po	erson	Area Code Da	aytime Telephone Number
Enclosed is a ch	eck for the f	following amount:		
■ \$25.00 Filin	ng Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & 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 OF

Gatewell Therapy Center		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/01/2016	and assigned
lorida document number L16000127794	<u>_</u> .	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company "the designation "LLC"	or the abbreviation "L. L. C."
	the company. The occupance the	i di die debievianoù biolo.
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDR</u>	ESS)	
Inter new mailing address, if applicable:		
		<u></u>
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter t	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	- ,, ·· , ·	rida
	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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change
			□Add
		 	
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Note: If the date ins	sted, the date must be spec serted in this block does	ific and cannot be prior to s not meet the applicab		(optional) n 90 days after filing.) Pursuant rements, this date will not b	
document's effective	e date on the Departme	nt of State's records.			
f the record specifies a d	lelayed effective date, b	out not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 90th da	y after the
ecord is filed.					
Angust 15th		2024			
Dated August 15th			.•		
	_	7			
	Signatur	re of a member or authoriz	zed representative of a mo	-mber	
	2.5		,		
	osenfeld, PhD				