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JUN 1 6 2020 S. YOUNG

COVER LETTER

TO:						
CHD II			•			
SODJE	Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
	Division of Corporations Love Thyself Psychotherapy, LLC Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. case return all correspondence concerning this matter to the following: Laura Maria Patron Name of Person Love Thyself Psychotherapy, LLC Firm/Company 4300 North University Drive, Suite C-201 Address Lauderhill, FL 33351 City/State and Zip Code laura@lovethyselfpsychotherapy.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: aura Maria Patron Name of Person Area Code Daytime Telephone Number telosed is a check for the following amount: \$\Begin{array} \text{S55.00 Filing Fee} \text{Certificat Gopy}					
			Name of Person			
Love Thyself Psychotherapy, LLC						
Firm/Company						
	ECT: Love Thyself Psychotherapy, LLC					
Address						
	Lauderhill, FL 33351					
			City/State and Zip Code			
			• •			
For fur	ther information c		·	cation)		
			Name of Limited Liability Company and fee(s) are submitted for filing. erning this matter to the following: Aria Patron Name of Person yself Psychotherapy, LLC Firm/Company th University Drive, Suite C-201 Address II, FL 33351 City/State and Zip Code rethyselfpsychotherapy.com E-mail address: (to be used for future annual report notification) s matter, please call: at (
	Name o	f Person	Area Code Daytime	Felephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$2:	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		

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

2021 . .

Love Thyself Psychotherapy, LLC		E T
• • •	ny as it now appears on our records.)	- 100 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{4/25/2017}{2}$	and assigned
Florida document number L17000091363		5 5
(Name of the Limited Liability Company as it now appears on our records.) (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/25/2017 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/25/2017 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/25/2017 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/25/2017 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/25/2017 (A Florida Limit		
A. If amending name, enter the new name of the limited liab	ility company here:	
Love Thyself Wellness Center, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4300 North University Drive, Suit	te C-201
(Principal office address MUST BE A STREET ADDRESS)	Lauderhill, FL 33351	
Enter new mailing address if applicables		
• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Floric	da
	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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marco Morelli	4300 North University Drive, Suite C-201	∃ Add
		Lauderhill, FL 33351	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Change

		
		
		
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reffective d te: If the c	te, if other than the date of filing:	rsuant to 605.0207 not be listed as
cord speci s filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
ted May 2:	$\begin{array}{c c} \hline & 2020 \\ \hline & 0 & 0 & 0 \end{array}$	
_	The second secon	
_	Signature of a member or authorized representative of a member	