## 117000161221

(Requestor's	Name)
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JAN 11 2023

## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations		
	: Associates, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Katherine Hittel		
		Name of Person	
	Dr. Hittel & Asseoiates, Ll	I.C.	
		Firm/Company	
	309 North Gomez Ave		
		Address	
	Tampa, Florida 33609		
		City/State and Zip Code	
1	N ★ Hittel@gmail.com		
	E-mail address: (	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please c	all:	
Katherine Hittel		813 368-3553	
Name of	Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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2023 JAN 11 Ail 10: 51 Dr. Hittel & Asscoidtes, LLC (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 7 128 120 17 Florida document number L17000161221. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: New Leaf Psychological Services, LLC 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) Tumpa, FLonda 33619 Katherine Hittel 410 ware Blvd. Suite 811 Tampa, Florida 33619 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: 110 Ware Blvd. Svite 811

Enter Florida street address

Tampa Florida 33619

Zio Code

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 amend or remov	ing Authorized Person ed from our records:	(s) authorized to	manage, enter the title, name, an	d address of each person being add
MGR = AMBR =	Manager Authorized Member			
<u>Title</u>	Name		Address	Type of Action
				□Add
				□Remove
				□Change
				□ Add
				□Remove
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). If ame	ending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ective date is listed, the date If the date inserted in th	the date of filing: 1912023 (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
cord is fil	d specifies a delayed efformation of the specifies a delayed efformation of the specifies and the specifies a delayed efformation of the specifies and the specifies and the specifies a delayed efformation of the specifies and the specifies a delayed efformation of the specifies and the specifies a delayed efformation of the specifies and the specifies and the specifies a delayed efformation of the specifies and the specifies and the specifies and the specifies a delayed efformation of the specifies and the specifies are specified as the specifies and the specifies and the specifies are specifies as the specifies and the specifies are specified as the specified as the specified as the specifies are specified as the specif	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the $8  \text{L}$ $2  \text{J}  \text{Z}  \text{Z}$ .
Dated		Signature of Anember or authorized representative of a member
		Katherine Hittel Typed or printed name of signee

Filing Fee: \$25.00