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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Rsych Firm LLC 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:
Tasha Hibbert
The Psych Firm/Company
15263 Summer Lake Drive
De Cay Black FL 33446  City/State and Zip Code  takible to Gmail com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tusha Hobert at (365) 812-911  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is 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

The Psych Firm	LLC	
(Name of the Limited Liability Compa (A Florida Limited I		··
The Articles of Organization for this Limited Liability Company Florida document number 1700202020.	were filed on $\frac{09/29/2017}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		## FE
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		<b>3</b>
Muning address MAI DE A FOST OFFICE BOX)		STAT
		(a) (b)
B. If amending the registered agent and/or registered of		ne name of the new
registered agent and/or the new registered office address her	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	, Florida	Zip Code
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited life in the new name must be distinguishable and contain the words "Limited Life in the 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 registered agent and/or the new registered office address in the Name of New Registered Agent:	Cuy	rsp 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 = M $AMBR = A$	Sanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Andrew Klich	15263 Summer Luke D	)(□∧dd
		15263 Summer Luke D Delray Beach, FL 3344	Remove
			Change
			Add
			Remove
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ument's	s effective date on t	he Department of S	tate's records	5.					
he 90	l specifies a del th day after the	record is filed.					a.m. on the	earlier	rc
ed	March	19.	201	<u>}</u> .					
		Signature of a r	nember or and	horized repres	entative of a m	ember			
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Page 3 of 3

Filing Fee: \$25.00