

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1800052141

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Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALESSIA VIVOD LLC

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Corporate Filing Menu

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J DENNIS
SEP 26 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION
OF
ALESSIA VIVOD 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 02/27/2018 and assigned

Florida document number L18000052141

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

UPLIFT PSYCHOTHERAPY CENTER 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) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
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

09/23/2022 11:49 T-04:00 TO: +18506176383 FROM: 9416251526

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

[illegible]

Filing Fee: \$25.00