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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section of Corporation of Corporation (Corporation)		•	b			
SUBJECT: Progressiv	re Mind Center, PLLC	1.11.125.0				
	Name of Lan	ited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.				
Please return all correspond	dence concerning this matter	to the following:				
		Theresa Prescott				
		Name of Person				
		Firm/Company				
		333 17th St, Ste F				
	Address					
	\	/ero Beach, FL 32960				
		City/State and Zip Code				
	terri.pres	scott@promindcenter.com				
	E-mail address; (to be used for future annual report notificati	on)			
For further information cor	cerning this matter, please c	all:	1-2021 JU 8-77 N.C. 177 LU			
Theresa Pres	cott	at (772) 213-8881				
Name of F	erson		ephone Number			
Enclosed is a check for the	following amount:		<u>.</u>			
S25.00 Filing Fee	☐: \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	S60.00 Filing Fee, Certificate 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

Progressive Mind Center, PLLC	
(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 on04/17/2018 Florida document numberL18000096959	and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the al	threviation "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 agent and/or the new registered office address here:	e of the new registers
Name of New Registered Agent:	
New Registered Office Address:	-7
Enter Florida street address	
, Florida, Florida	CO
City	Zipi 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 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>	Name	Address	Type of Action
AMBR	Thomas Metzinger		□Add
		333 17th St, Ste F, Vero Beach, FL 32960	⊠Remove
			Change
AMBR	Joyce Bodanza	215 8th Ter, Vero Beach, FL 32962	_ ØAdd
AMBR			_ 🗆 Remove
			_ DChange
			_ DAdd
			Remo (e
			Change
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(If an effective Note: If the document's	atc, if other than to date is listed, the date is date inserted in this effective date on the cifies a delayed effec	must be specific and block does not n Department of S	d cannot be prior meet the applica state's records.	able statutory fill	more than 90 days a ng requirements,	this date will no	ot be listed	as the
ora is Mca.								
Dated	May 14	,	. 2021					
-		Signature of a r	member or autho	rized representativ	c of a member	· -		
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Filing Fee: \$25.00