## L19000035347

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c/ 9/20/2024

## **COVER LETTER**

	ition Section of Corporations						
Daema Pina Psy.D, LLC							
SUBJECT:	Name of Limited Liability Company						
The enclosed Arti	cles of Amendme	nt and fee(s) are sub	omitted for filing				
		ncerning this matter	_				
	Daema	Pina Delgado					
			Name of Person				
	Daema	Pina Psy.D, LLC					
Firm/Company							
9220 Sunset Drive, Suite 104							
		<del></del>	Address	<del></del>			
	Miami	. FL 33173					
	<del></del>		City/State and Zip Code	<del></del>			
	dpinade	lgado@vita-cog.cor					
		E-mail address: (	to be used for future annual report i	notification)			
For further inform	ation concerning t	his matter, please e	all:				
Daema Pina Delgado		305 297-6677					
	Name of Person	-		time Telephone Number			
Enclosed is a chec	k for the following	g amount:					
<b>■</b> \$25.00 Filing		00 Filing Fee & tificate 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 Section		Street Address: Registration					
Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327			The Centre of	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Mon	2415 N. Monroe Street. Suite 810				

Tallahassee, FL 32303

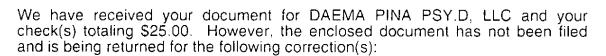


July 23, 2024

DAEMA PINA DELGADO 9220 SUNSET DRIVE SUITE 104 MIAMI, FL. 33173

SUBJECT: DAEMA PINA PSY.D. LLC

Ref. Number: L19000035347



The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 324A00016217

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Daema Pina Psy.D, LLC		30 F 3:17
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records. Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 02/05/2019	and assigned
orida document number L19000035347		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	9220 Sunset Drive, Suite 104	
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33173	
nter new mailing address, if applicable:	9220 Sunset Drive, Suite 104	
Aailing address MAY BE A POST OFFICE BOX)	Miami, FL 33173	
		<del></del>
. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new regis
New Registered Office Address:		
	Enter Florida street address	
		rida
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
		·	□Add
			Remove
			□Change
			∐Add
			□Remove
			□Change
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 06/01/2024 \_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_ June 3 2024 Signature of a member or authorized representative of a member Dacma Pina Delgado Typed or printed name of signee