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TO:	Registration Sec Division of Corp		<b>,</b>							
	_	kson, LMHC, LLC	•							
SUBJI	_									
The en	closed Articles of A	Amendment and fee(s) are subi	nitted for filing.							
Please	return all correspon	ndence concerning this matter (	to the following:							
		Rebecca Nelson								
			Name of Person		<del></del>					
			Firm/Company							
		3803 S. Lancewood Place			<u>40</u>	2(				
		Delray Beach, FL 33445	Address	_		2023 JUL -6	<b>T</b>			
		rebeccanelsonpsych@gmail.	City/State and Zip Code							
			to be used for future annual report noti	fication)	<u></u>	PH 3: 04				
For fu	ether information c	oncerning this matter, please ca				<b>1</b> 0				
	ca Nelson	one coming and manory promise	754 282-2289							
	Name o	f Person	Area Code Daytim	e Telephone Nur	nber					
Enclos	sed is a check for th	ie following amount:								
□ \$:	25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi Certi	0 Filing For ficate of S fied Copy ional copy is	Status &				
	Mailing Addres	s:	Street Address:							
Registration Section			Registration Se	Registration Section Division of Corporations						
	Division of C P.O. Box 632	-	The Centre of T							
	Tallahassee,		2415 N. Monroe Street, Suite 810							

Tallahassee, FL 32303

TO:

## TO ARTICLES OF ORGANIZATION OF

Rebecca Jackson LMHC, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ted Liability Company)	r records.)
The Articles of Organization for this Limited Liability Companies Lipocol 191500  Florida document number	07/26/2019	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Rebecca Nelson Psychotherapy, LLC		
The new name must be distinguishable and contain the words "Limited L	Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA.	123
<u>(Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>	0
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A_	PH 3: 04
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ice address on our records  Enter Florida stre	et address
	City	, <b>Florida</b> Zip Code
	City	zap Cinic

## 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
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			□Remove
			Change
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If amendin	<b>N</b>			ange(s) here:						
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Effective date, if (If an effective date is I Note: If the date in document's effective	nserted in t	his block doe	s not m	eet the applica	o date of f ible status	iling or more the	(o nan 90 days quirements	ptional) after filing, this date	) Pursua will no	nt to 605.0 t be listed
the record specifies a cord is filed.	delayed ef	Tective date. b	out not	an effective tir	ne, at 12:	01 a.m. on th	ne earlier o	f: (b) Th	e 90th	day after t
Dated J W		30	,	2023 Melse nember or autho	<u>)</u> .					
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