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2021 NOV 22 PM 2: 38

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Alexis Pardo LCSW, 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:

Alexis Pardo Name of Person The Mindful Practice				
Name of Person				
The Mindful Practice				
Firm/Company				
1177 Louisiana Avenue, Suite 204				
Address				
Winter Park, FL 32789				
City/State and Zip Code				
alexis@the-mindful-practice.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Alexis Pardo

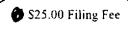
Name of Person

, 407 205-7868

Area Code

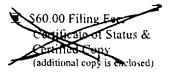
Daytime Telephone Number

Enclosed is a check for the following amount:



☐ \$30.00 Filing Fee & Certificate of Status

☐ \$55.00 Filing Fee & 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**

Alexis Pardo LCSW, 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 Compan	ly were filed on 9/23/2019 and assigned
Florida document number L19000239393	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The Mindful Practice, LLC	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1177 Louisiana Avenue
(Principal office address MUST_BE A STREET ADDRESS)	Suite 204
	Winter Park, FL 32789
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
agent and/or the new registered office address here: 100	e address on our records, enter the name of the new registered
Name of New Registered Agent:	15 fav oo
New Registered Office Address: 1050	Enter Florida street address City Florida 3789 Zip Sode
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is

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 = Manager AMBR = Authorized Member **Title** Name Address Louisiana Ave, Ste 2 Type of Action AR Alexis Pardo Winter Park, FL 32789 Winter Park, FL 32789 Winter Park, FL 37789 Winter Park, FL 37789 Winter Park, FL 37789 Winter Park, FL 32789 DRemove Change _____ □ Add ____ 💹 ____ 🗆 🗀 Add _____ □Change _____ □Add ____ Remove

Change

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e record rd is file	d specifies a dela ed.	yed effective date	e, but not an	effective tim	ne, at 12:01 a.r	n. on the earl	ier of: (b) T	he 90th day afte	er the
Dated	November 1	7th	. 2	021					
vaicu _	0	0 0			<u>.</u>				

Filing Fee: \$25.00

Typed or printed name of signee