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SECTIONS SET SURVEY

MAY 13 3720

TO: Registration Section Division of Corporations

Prychological Services of Northwest Florida 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:

Megan stein
Name of Person
Firm/Company
800 E Lloyd St
Address
Pensacola, FL 32503
City/State and Zip Code
MUGZALAGOMAII. COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25,00 Filing Fee

☐ \$30.00 Filing Fee & Certificate 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 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 Talianassee, FL 52505

ARTICLES OF ORGANIZATION OF

School Prich Dionical Services of Northwest Florida LUC (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 Cor Florida document number <u>12000087038</u>	npany were filed on $\underline{MA4}$.	<u>(1) 23, 2020</u> and assigne				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	d liability company here:					
The new name must be distinguishable and contain the words "Limite	TOU SERVICES PLUC d Linbility Company "the designal	ion "LEC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	N/A					
(Principal office address MUST BE A STREET ADDRE	<u>(S.S.)</u>					
Enter new mailing address, if applicable:	N/A	2028 HAY				
(Mailing address MAY BE A POST OFFICE BOX)		\$5. 12				
B. It amending the registered agent and/or registered of agent and/or the new registered office address here:	ottice address on our record	s, enter the name of the new res				
Name of New Registered Agent: N / P						
New Registered Office Address:	Enter Florida str	Enter Florida street address				
		, Florida				
	Cuy .	Zıp Code				
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and confacept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capac uplete performance of my d nt as provided for in Chapt	uties, and I am familiar with an er 605, F.S. Or, if this documen				

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Ac
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)