## h20000135941

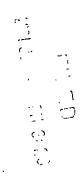
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	Regist <del>r</del> ation Se Division of Cor			
SUBJEC		OW PSYCHOLOGY LLC		
SOINEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		DR. ERICA KARLINSKY		
			Name of Person	
		HEATHROW PSYCHOLO	OGY LLC	
			Firm/Company	
		3256 WEST LAEK MARY	Y BLVD, SUITE 1100	
			Address	<del></del>
		LAKE MARY, FL 32746		
			City/State and Zip Code	
		EKARLINSKYPHD@GMA	AIL.COM to be used for future annual report noti-	fication)
For furthe	er information c	oncerning this matter, please ca		neuton,
DR. ERIO	CA KARLINSK	ΥΥ	321 262-8958 at ( )	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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
Tallahassee, FL 32303

## DocuSign Envelope ID: 526681E6-97E6-48F2-9AD2-35B56D1C678E ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

HEATHROW PSYCHOLOGY LLC		
(Name of the Limited Liabi (A Florie	ility Company as it now appears on our records.) da Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability		and assigned
lorida document number L20000135941		
this amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)		
		3
		2
B. If amending the registered agent and/or register	ed office address on our records, enter the	name of the new regist
gent and/or the new registered office address here:	:	·_ :-
		. 1
Name of New Registered Agent:		3 0
		Ċ
New Registered Office Address:	Enter Florida street address	
	Ernet Pan au Su eet autress	
	Florid	la
	City	Zin Coyle

## 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.

DocuSign Envelope ID: 526681E6-97E6-48F2-9AD2-35B56D1C678E in amenuing Authorized rerson(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
MGR	ROBERT O'BRIEN	3256 WEST LAKE MARY BLVD	■Add
		SUITE 1100	□Remove
		LAKE MARY, FL 32746	
			□Add
			□Remove
			□Change
<u>_</u>			□Add
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			□ Change

feetive date, if other than the date of filing:    (optional)		ation, enter change(s) here: (Attach additional si	ooti, y necountry,
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