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Office Use Only

COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

cup wer. Integrative (Clinical Therapy Services, LLC	2			
SUBJECT:	Name of Limit	ted Liability Company			
The enclosed Articles of /	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspon	ndence concerning this matter t	o the following:			
	April G. Russell				
		Name of Person			
	Integrative Clinical Therap	y Services, LLC			
		Firm/Company			
	2741 SE 36th Street				
		Address			
	Ocala, FL 34471				
		City/State and Zip Code	· -		
	aprilrussell138@gmail.com				
	E-mail address: (to be used for future annual report noti	fication)		
For further information co	oncerning this matter, please ca	all:			
April G Russell		at (352) 427-1641 Area Code Daytim			
Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	e 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)		
A6 W A 11		Street Address:			
Mailing Address: Registration Section		Registration Se	Registration Section		
Division of Corporations Division of Corporations					
P.O. Box 632		The Centre of 2415 N. Monro			
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			Jo Diloon Builto O10		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrative Clinical Therapy Services, LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 11/16/2020	and assigned
Florida document number L20000361610		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Collaborative Minds Therapy, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	523 173
		5 5
Enter new mailing address, if applicable:		ST TO
(Mailing address MAY BE A POST OFFICE BOX)		E D
manny manths with Date to Control		
		(T)
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter tl</u>	ne name of the new registered
Name of Name Provintened Agents		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	171	••
	City , Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered agents are provided in writing of this change	nd agree to act in this capacity. I furt nplete performance of my duties, and nt as provided for in Chapter 605, F	Is am familiar with and S.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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			□Change
			⊡Add
			□Remove
			Change
			□Add
			Remove
			□ Remove
			□Change

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ated February 12th , 2023	ote: If the date inserted in this	block does not meet the a	pplicable statutory	illing requirements, this	date will not be listed as
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Signature of a member or authorized representative of a member	February 12th	, 2023			
1 5.8		Oul (C. P.) Signature of a member or	ADALL authorized represent	ative of a member	

Filing Fee: \$25.00