121000014879

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE: 934664 8330002

AUTHORIZATION

COST LIMIT : \$(25.00)

ORDER DATE : July 29, 2021

ORDER TIME : 1:56 PM

ORDER NO. : 934664-001

CUSTOMER NO: 8330002

DOMESTIC AMENDMENT FILING

NAME: GAY THERAPY SPACE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

61594 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAY THERAPY SPACE, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liabi		and assigned
Florida document number L21000014879		
This amendment is submitted to amend the following		
A. If amending name, enter the new name of th	e limited liability company here:	
LGBTQ Therapy Space, LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC"	or the abbreviate "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	 	11:50 O F1
Enter new mailing address, if applicable:		200 8: 3 223 3
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Mailing address MAY BE A POST OFFICE BO	<u></u>	. <u>.</u> .
		
3. If amending the registered agent and/or regis	stered office address on our records, <u>enter tl</u>	ne name of the new registe
gent and/or the new registered office address h	<u>ere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
_	, Flor	ida
	CIN	Z.10 V.000

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.

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
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Effective date, if other fan effective date is liste Note: If the date inse document's effective of	ed, the date must be spried in this block d	pecific and cannot loes not meet the	be prior to date applicable st	of filing or mor atutory filing	e than 90 days a	ptional) after filing.) Pursu this date will n	iant to 605 ot be listo	.020 ed a
record specifies a del d is filed.	layed effective date	e, but not an effe	ective time, at	12:01 a.m. or	the earlier of	(b) The 90th	day after	r the
07 / 30 /	2021							
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Dated	MINI	ture of a member						

Filing Fee: \$25.00