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## **COVER LETTER**

TO:

Registration Section Division of Corporations

P.O. Box 6327 Tailahassee, FL 32314

SUBJECT: Wests	ide Buchola	Airal Healthe	are LLC
	0		
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Angela Fi	Orita - Day Name of Person J	
	Westside	Psychological H	ealthcare UC
	<u>981 Highu</u>	vay 98 East S	Suite 3#213
	Destin,	FL 32541 City/State and 2ip Code	
	dr. tiorita ?	DWest side DSych	
For further information con-	cerning this matter, please ca	all:	
Angela Fiori	ta-Day	nt (956) 898- ( Area Code Daytin	2080 ne Telephone Number
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	wi an	Street Address:	
Registration Sec Division of Con		Registration Se Division of Cor	
P.O. Box 6327		The Centre of 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Westside Psy	chologica	Healthore L is it now appears on our records bility Company)	J.C.
The Articles of Organization for this Limited Liabi	lity Company w		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the DeStive Psychological The new name must be distinguishable and contain the word	al Heal	th UC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		4635 GULF SVITE 100 DESTIN, FL.	STARR DR. -D 32541
Enter new mailing address, if applicable:		no chang	<u>ė</u>
(Mailing address MAY BE A POST OFFICE BO	7.0	J	202
B. If amending the registered agent and/or registered office address h		dress on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	<u>no</u>	<u>change</u>	711 2
New Registered Office Address:		Enter Florida street address	
-		Clay Flor	rida

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>	Name	Address	Type of Action
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	0		□Remove
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fan effer	tive date is lis	ed, the date must be specific and cannot be	prior to date of filing or more than 90 days after pplicable statutory filing requirements, the	r filing.) Pursuant to 605.0207
docume:	nt's effective	date on the Department of State's re-	ords.	is date will not be listed as
record	specifies a d	layed effective date, but not an effec	ive time, at 12:01 a.m. on the earlier of: (	b) The 90th day after the
d is file		•	,	-,
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Dated _	35	<u> 2021 .                                    </u>	·	
	,	. 1		
	<u>(M)</u>	la Signature of a member o	authorized representative of a member	
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	1 1	GELA FIDRITA-	Day.	
	-417	J.E. L. I. L.	printed name of signee	<del>.</del>

Filing Fee: \$25.00