## L21000199022

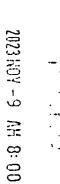
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## **COVER LETTER**

Division of Corporations s	; • • • • • • • • • • • • • • • • • • •
SUBJECT: OTTO	err, LCSW, LLC Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma-	tter to the following:
<u>Simone</u> Simone	Name of Person  R. HERY, LCSW, LLC
	Firm/Company
3816 SW E	and Avenue
Hollywood	J, FL 33023  City/State and Zip Code
Sherrics	City/State and Zip Code  SW @ GMail . COM  ss: (to be used for future annual report notification)
For further information concerning this matter, pleas	•
Simble Herr Name of Person	at (954) 673-0792 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simone A Kerr,	LCSW, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000199077.	were filed on 4 28 21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  Center of Restorative \( \)  The new name must be distinguishable and contain the words "Limited Liabi	Nellness, LLC	hbreviation "11C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Jan 4th St N, S St. Peterslaurg,	TE 300 FL 33702
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7901 4th St N, St Petersburg,	STE 300 FL 35702
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the nan</u>	ne of the new registered
New Registered Office Address:		5
New Registered Office Address.	Emer Florida street address Florida	8.
	City	Zip Ede

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
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			Change

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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/07/3033 Signature of a member or authorized representative of a member
	Simone R. Kerr Typed or printed name of signee