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T. MATTHEWS FEB 28 2022

## . . . . . COVER LETTER

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SUBJECT	Soul Psych	iatry- Family Care, LLC						
Name of Limited Liability Company								
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.					
		ondence concerning this matter	-					
		Christina Brouse						
			Name of Person	<del></del>				
		Soul Psychiatry- Family C	are LLC					
			Firm/Company	· <del>· · · · · · · · · · · · · · · · · · </del>				
		240 County Rd 15						
			Address					
		Bunnell, FL 32110						
			City/State and Zip Code					
		gomentalhealth@gmail.con						
		E-mail address: (	to be used for future annual report not	ification)				
For further	information c	oncerning this matter, please c	all:					
Christina Brouse			801 369-5151 at ()					
Name of Person				ne Telephone Number				
Enclosed is	a check for th	ne following amount:						
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)				
	ailing Addres		Street Address:					
Registration Section			Registration Section Division of Corporations					
Division of Corporations P.O. Box 6327			The Centre of Tallahassee					
	llahassee - I		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Soul Psychiatry- Family Care LLC

22 FEE 10 PH 12: 57

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{5-27-2021}{}$ Florida document number 1.21000249569 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 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
MGR	Arthur Brouse	240 County Rd 15	□Add
		Bunnell, FL 32110	<b>■</b> Remove
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□ Change
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