

L210000252976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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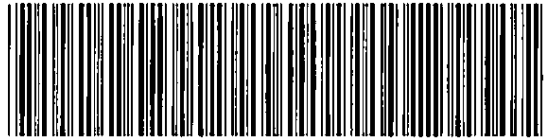
(Business Entity Name)

(Document Number)

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JUDICIAL BRANCH 1

08/21/23  
J. HUNT

## COVER LETTER

TO: Registration Section,  
Division of Corporations

DORT PROPERTY INVESTMENT, LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DORT, JOSEFINA

\_\_\_\_\_  
Name of Person

MINDFUL PSYCHIATRY & HOME HEALTH, LLC

\_\_\_\_\_  
Firm/Company

6463 AMBERJACK TERRACE

\_\_\_\_\_  
Address

MARGATE, FL 33063

\_\_\_\_\_  
City/State and Zip Code

viccamajosefina@ymail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2023 AUG 21 PM 12:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

For further information concerning this matter, please call:

DORT, GIRONY

954 242-3721

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

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

**Street Address:**

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**

DORT PROPERTY INVESTMENT, LLC

(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 05/26/2021 and assigned  
Florida document number 1.21000252976.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MINDFUL PSYCHIATRY & HOME HEALTH, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

3900 W Commercial Blvd Ste 213

Tamarac, FL 33309

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

6463 AMBERJACK TERRACE

Margate, FL 33063

**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:

DORT, GIRONY

New Registered Office Address:

6463 AMBERJACK TERRACE

*Enter Florida street address*

Margate

Florida

33063

*City*

*Zip Code*

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	DORT, JOSEFINA	6463 Amberjack Terrace, Margate FL 33063	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DORT, GIRONY	6463 Amberjack Terrace, Margate FL 33063	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2023 JUN 21 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

2023 AUG 21 PM 12:40

2023 AUG 21 PM 12:40

DIVISION OF COMPTROLLER

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 08/15 2023 :

Signature of a member or authorized representative of a member

JOSEFINA DORT

Typed or printed name of signee