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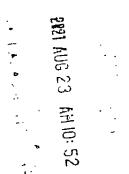
(Requestor's Name)
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COVER LETTER

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TO: Registration So Division of Con			
Ensight, LI	LC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Tamika L. Matthews		
	4 	Name of Person	
	Ensight, LLC		
		Firm/Company	
	736 Fortanini		
	, .	Address	
	Ocoee, Fl 34761		
		City/State and Zip Code	
	psychservicesbyensight@g		
	E-mail address:	(to be used for future annual report not	tification)
For further information of	concerning this matter, please c	eall:	
Tamika L. Matthews		407 963-8300 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	antion
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ensight, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on August 12, 2021 and assigned
Florida document number L21000360638	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
Ensight Psychological Services, 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)	
	23
Enter new mailing address, if applicable:	T.
(Mailing address MAY BE A POST OFFICE BOX)	0.
	52
	<i>y</i>
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	Address	Type of Action
			□Remove
			□Add
			□Remove
			□ Change
			Change CAdd
			□Add .
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ffective date, if other to an effective date is listed, the ote: If the date inserted ocument's effective date	in this block does	not meet the appl	icable statutory f	r more than 90 days fling requirements.	optional) after filing.) Po , this date wil	arsuant to 605.020 I not be listed a
record specifies a delayed is filed.	d effective date, bu	t not an effective	time, at 12:01 a.	m. on the earlier o	f: (b) The 9	0th day after th
ated August 12		, 2021	·			
1	1					

Filing Fee: \$25.00