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Certified Copies	Certificates	of Status
Special Instructions to F	ilina Officer:	
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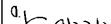
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section

Division of Cor	porations			
Lotus Psyc	hiatry Group, LLC			
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Denayer Mueller			
	-	Name of Person		
		Firm/Company		
	4214 NW 38th Dr			
		Address		
	Cocomit Creek, FL 33073			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	denayer.mueller@gmail.co	m to be used for future annual report noti		
For further information e	n-man address: (oncerning this matter, please o		ncanoni	
Denayer Mueller		954 682-2132		
Name of Person		at ()	e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP -8 PH 4: 25

Lotus Psychiatry Group, LLC			0 171 4: 25
(Name of the Limit	ted Liability Com (A Florida Limite	pany as i t now appears on o i d Liability Company)	r records.)
The Articles of Organization for this Limited L Florida document number L21000445445	iability Compai	ny were filed on $\frac{-10/10/2}{2}$	021 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited lia	ability company here:	
Blue Lily Psychiatry, LLC			
The new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:	same	
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		same	
(Mailing address MAY BE A POST OFFICE	BOX)		<u>.</u>
B. If amending the registered agent and/or a agent and/or the new registered office addre	*. *	e address on our record	s, enter the name of the new registered
Name of New Registered Agent:	same		
New Registered Office Address:	same		
		Emer Florida stre	et 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Note: 1	re date, if other than the date of ctive date is listed, the date must be spe if the date inserted in this block do nt's effective date on the Departm	es not meet the applic	able statutory filing re	(optional) han 90 days after filing.) Pu quirements, this date wil	rsuant to 605.0207 (3)(I not be listed as the
	ord specifies a delayed effe 90th day after the record is		t an effective time	e, at 12:01 a.m. on	the earlier of:
Dated _	Sept 4	2023	·		
	Den	ca Tu	Orized representative of a	member	
	Signati Signati				
	Denayer Muelle	r			

Filing Fee: \$25.00