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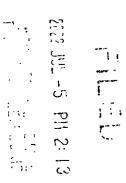
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	ReMIND ADHD Services, LLC		
30 0 0201.	Name of I	.imited Liability Company	
The enclosed Article	s of Amendment and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
		Sarah Gardner	
		Name of Person	
		ReMIND ADHD SERVICES	
		Firm/Company	
		21824 WAVERLY SHORES LN	, (2)
		Address	
		LAND O LAKES, FL 34637	tification)
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	 , 坊
		sarahggardner@gmail.com	
	E-mail addres	s: (to be used for future annual report no	tification)
For further informati	on concerning this matter, please	e call:	, .
Sarah Ga	ırdner	650 , 814-	2559
Nar	me of Person	at () Area Code Daytii	ne Telephone Number
Enclosed is a check f	or the following amount:		
∑ \$25.00 Filing Fee	e 3 \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Division of P.O. Box (on Section of Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REMIND ADROS	•					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>iny as it now appear</u> Liability Company)	on our records.)				
The Articles of Organization for this Limited Liability Company Florida document numberL22000284233	were filed onJUNE 22, 2022			and assigned		
This amendment is submitted to amend the following:					`	
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :				
CENTER OF ATTENTION ADHD & MENTAL HEALTH SERVICES	, LLC					
he new name must be distinguishable and contain the words "Limited Liabil		signation "LLC" or the	abbrevia	ition "L.I.	C."	
Enter new principal offices address, if applicable:	N/A					
Principal office address MUST BE A STREET ADDRESS)				5		
,				(=		
inter new mailing address, if applicable:	ŅIA		.:	U.	- ;	
	/ 			====	•	
Mailing address MAY BE A POST OFFICE BOX)			•••			
						
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our re	cords, <u>enter the na</u>	me of t	he new	re	
Name of New Registered Agent: N/A						
New Registered Office Address:	P 19 .	1				
	Enter Florid	la street address				
· 	/ City	Florida _	Zij	o Code	1	
ew 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
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and canno	ot be prior to date of	(tiling or more than 90 days	optional) after tiling.) Pursuant to 605)
e: If the date inserted in this block does not meet the	he applicable stat	utory filing requirements	s, this date will not be liste
iment's effective date on the Department of State's	s records.		
ord specifies a delayed effective date, but not an ef- filed.	fective time, at 1.	2:01 a.m. on the earlier o	f: (b) The 90th day after
d - June 30	2022	×	
rd June 30			
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gnature of a months	er or authorized rep	resentative of a member	