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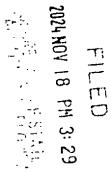
(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL.
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Certified Copies	Certificates o	f Status
Special Instructions to Fi	ling Officer:	_
J	J. HORNE	
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

Shannon S BJECT:	chaefer, Licensed Psychologist.	, LLC	
		ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
ase return all correspo	ondence concerning this matter	to the following:	
	Shannon Schaefer		
		Name of Person	
		Firm/Company	
	12617 Fairway Cove Ct.		
		Address	
	Fort Myers, 14, 33905		
	shannon.schaefer@bhclinic.	City/State and Zip Code com	
	E-mail address: (t	o be used for future annual report noti	fication)
further information c	oncerning this matter, please ca	all:	
sunon Schaefer		715 2971542 at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
closed 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 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 ARTICLES OF ORGANIZATION **OF**

	T	O	
ART	ICLES OF C	RGANIZATION	2 0 0
	O	\mathbf{F}	CZIANO AL
			ir records.)
Shannon Schaefer, Licensed Psych	ologist, LLC		P.
(Name of the Limi	ted Liability Compa	ny as it now appears on ou jability Company)	r records.)
	(A Plotter Limited I	admity Company)	Sec. 10
e Articles of Organization for this Limited L	iability Company	were filed on 7/25/2022	and assigned
orida document number L22000328507			•
)rida document funiber			
is amendment is submitted to amend the following	owing:		
If amending name, enter the new name o	f the limited liab	ility company here:	
<u> </u>	<u>j the mijited hab</u>	mty company nere.	
rward Mental Health, LLC e new name must be distinguishable and contain the v	1 61 1014 11 1014	Par Community that Assignation	Can all I C'' are the alshe winting all I C ''
e new name must be distinguishable and contain the v	words "Limited Liabi		
nter new principal offices address, if applie	cable:	12617 Fairway Cove C	<u></u>
Principal office address MUST BE A STREE	ET ADDRESS)	Fort Myers, FL 33905	
			<u></u>
		12617 Fairway Cove C	it.
nter new mailing address, if applicable:		Fort Myers, FL 33905	
Mailing address MAY BE A POST OFFICE	<u>(BOX)</u>	Tott Myets, TE 35202	
ţ			
If amending the registered agent and/or gent and/or the new registered office address.		address on our records	s, enter the name of the new registered
gent and/or the new registered office addre	<u>ss nere</u> .		
	Shannon Schae	tor	
Name of New Registered Agent:			<u></u>
New Registered Office Address:	12617 Fairway	Cove Ct.	
		Enter Florida stre	et address
	Fort Myers		Florida <u>33905</u>
		City	Zip Code
lew Registered Agent's Signature, if changing	Registered Agent:		

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 recept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is eing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ompany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

R = Manager

1BR = Authorized Member

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
iR ——	Heather Meggers-Wright	911 MeIndoe St. Wansau, Wi 54403	= Add
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tive date, if other than the c	late of filing:			(optional)	
ctive date, if other than the confective date is listed, the date must in this blooment's effective date on the Department's effective date on the Department.	be specific and cannot be ok does not meet the a	pplicable statut	ling or more than 9 ory filing require	0 days after filing.) Pursuant to 605.020 will not be listed as
ord specifies a delayed effective filed.	date, but not an effecti	ive time, at 12:0) I a.m. on the ea	rlier of: (b) Th	e 90th day after the
November 12	2024		1		
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