L22000339878

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COVER LETTER

SUBJECT: COLORFUL JOURNEY TELEPSYCHIATRY L	L
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:	
Name of Person	
COLORFUL JOURNEY TELEPSYCHIATRY, L.L.C.	
13 SOUTH MONROE STREET IST FLOOK TALLAHAGE	八
City/State and Zip Code	
City/State and Zip Code Colorful journey 1 @ gmail. com E-mil addies: (to be used for furne annual regor notification)	
For further information concerning this matter, please call:	
CLAIRE TIGLAD at (850) 775 9345 Fig. 5 Name of Person Area Code Daytime Telephone Number 77	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{ S30.00 Filing Fee & Certificate of Status } \text{ Certified Copy (additional copy is enclosed)} \text{ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}	
Mailing Address	

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

TO: Registration Section
Division of Corporations

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

COLORFUL JOURNE (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 MGUT 2, 2022and assigned

Florida document number L22000339878 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ORFUL UUURNEY THERAP> The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 113 SOUTH MONROE ST., IST FLOI Enter new principal offices address, if applicable: FL323 (Principal office address MUST BE A STREET ADDRESS) 113 COUTH MONROE ST. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here: 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>	Name	Address	Type of Action
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			□Remove
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Filing Fee: \$25.00