

# L22000339878

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

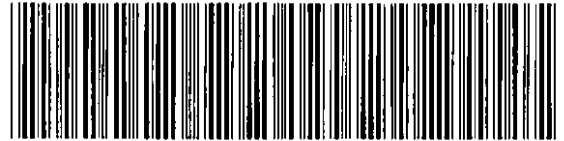
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SECRETARY OF STATE  
2024 OCT -1 AM 9:52  
TALLAHASSEE, FLORIDA

100437132871

## COVER LETTER

TO: Registration Section  
Division of Corporations

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:

CLAIRE TIGLAD

Name of Person

COLORFUL JOURNEY TELEPSYCHIATRY, L.L.C.  
Firm/Company

113 SOUTH MONROE STREET, 1ST FLOOR TALLAHASSEE  
Address FL 32301

TALLAHASSEE FLORIDA 32301

City/State and Zip Code

colorfuljourney1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAIRE TIGLAD

Name of Person

at (850) 775 9345

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

SECRET  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

2024 OCT -1 PM 9:52

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

COLORFUL JOURNEY TELEPSYCHIATRY, L.L.C.

(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 AUGUST 2, 2022 and 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:

COLORFUL JOURNEY THERAPY 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)

113 SOUTH MONROE ST., 1ST FLOOR  
TALLAHASSEE, FL 32301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

113 SOUTH MONROE ST., 1ST FLOOR  
TALLAHASSEE, FL 32301

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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2024 OCT -1 AM 9:52  
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FALL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 20, 2024

Signature of a member or authorized representative of a member

CLARE TIGLAD

Typed or printed name of signee

**Filing Fee: \$25.00**