

L22 000 415 034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

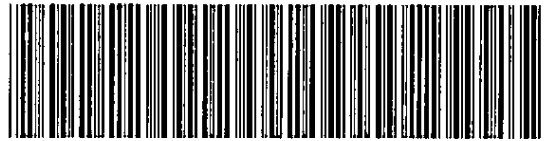
(Business Entity Name)

(Document Number)

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10/25/22--01905--009 **25.00

FILED
2022 OCT -3 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

JAN - 3 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mental Movement Therapy, PLLC

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:

Shavone Williams-Moss

Name of Person

Mental Movement Therapy

Firm/Company

1919 SE 10th ave apt 3138

Address

Ft. Lauderdale, FL 33316

City/State and Zip Code

MentalMovementTherapy@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shavone Williams-Moss

502 767-3552
at ()

Name of Person

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mental Movement Therapy, PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 OCT -3 AM 8:16

FILED
CLERK OF STATE
and assigned

The Articles of Organization for this Limited Liability Company were filed on 9/22/2022

Florida document number L22000415034

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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)

1919 SE 10TH AVE 3138

Ft. Lauderdale, FL 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1919 se 10th ave apt 3138

Ft. Lauderdale, FL 33316

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:

Shavone Williams-Moss

New Registered Office Address:

1919 SE 10th ave apt 3138

Enter Florida street address

FT. Lauderdale

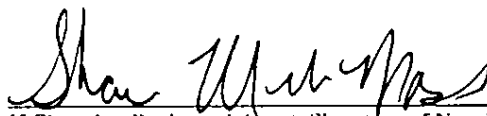
City

, Florida 33316

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 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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

Dated _____, _____, _____

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee