

L22000474248

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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NOV 22 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FL

TO: Registration Section  
Division of Corporations

SUBJECT: TELEMINDFUL LLC

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:

Gabriel Taylor-Parsons

Name of Person

Neupathway LLC

Firm/Company

1800 Pembroke Dr STE 300-#3-438

Address

Orlando, FL 32810

City/State and Zip Code

gtaylorparsons@telemindful.com

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

For further information concerning this matter, please call:

Gabriel Taylor-Parsons

719

200-9195

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  
Tallahassee, FL 32303

**Connell, Darlene**

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**From:** Gabriel Taylor-Parsons <gtaylorparsons@neupathway.com>  
**Sent:** Tuesday, April 18, 2023 7:21 AM  
**To:** Connell, Darlene  
**Subject:** Re: NAME CHANGE AMENDMENT FILED ON 11/22/22

**EMAIL RECEIVED FROM EXTERNAL SOURCE**

Good morning,

I do not intend to revoke the dissolution of Neupathway LLC and I release the name to Telemindful LLC for their use.

On Fri, Apr 14, 2023 at 10:13 PM Connell, Darlene <[Darlene.Connell@dos.myflorida.com](mailto:Darlene.Connell@dos.myflorida.com)> wrote:

Gabriel:

Please provide a letter/email stating that you do not intend to revoke the dissolution for Neupathway LLC and that you release the name to Telemindful LLC for their use. Once I receive this letter/email, I will change the name of the LLC as requested in the document filed in our office on 11/22/22. If you have any questions concerning this matter, please contact me.

DARLENE M. CONNELL

SUPERVISOR

DIV.OF CORPORATIONS

SEC. OF STATE

850-245-6906

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Respectfully,

Gabriel Taylor-Parsons, APRN, PMHNP-BC  
Psychiatric Mental Health Nurse Practitioner  
Neupathway LLC  
Phone: 971-319-1592

13  
**ARTICLES OF ORGANIZATION  
OF**

TELEMINDFUL, LLC

(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 10/31/2022 and as  
Florida document number 1.2200047-42-48

This amendment is submitted to amend the following:

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

NEUPATHWAY LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."

**Enter new principal offices address, if applicable:**

1800 PEMBROOK DR, STE 300

**(Principal office address MUST BE A STREET ADDRESS)**

#3438

ORLANDO, FL 32810

**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 new 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**

\_\_\_\_\_


MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Rem
		_____	<input type="checkbox"/> Cha
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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.

Dated NOVEMBER 14 , 2022

  
Signature of a member or authorized representative of a member

Gabriel Taylor-Parsons

Typed or printed name of signee