## L23000029252

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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations

ernies SUBJECT ited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$30.00 Fifting 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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	
Empericia Psychological Services	
( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)	

The Articles of Organization for this Limited Liability Company were filed on 01/31/2023 and assigned Florida document number L23000029252.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2401 PGA BIVD Ste 244 Palm Beach Gardens EL
	<u></u>
Enter new mailing address, if applicable:	2401 PGA BIVO Ste 274
(Mailing address MAY BE A POST OFFICE BOX)	Kum Beach Gardenie, EL

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

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	ldress
	City	. Florida Zıp 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	And rea Stripling	2401 PGA Blvd Ste244	_XAdd
		Palm Beach Gardon, FL	
		33410	_ 🗆 Change
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			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_(optional) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 December 28, 2023
Surfature of a member or authorized representative of a member
Andrea Stripling Typed or printed name of signee