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(Requestor's Name)
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COVER LETTER

го:	Registration Sect Division of Corp	tion orations				
		Redeux, LLC				
SUBJE	CT:	Name of Limite	d Liability Company			
The end	closed Articles of A	Amendment and fee(s) are subm	itted for filing.			
Please	return all correspor	ndence concerning this matter to	the following:			
		Gail L Mock, PsyD				
			Name of Person			
		Folie a Deux Redeux, LLC	_			
			Firm/Company			
6054 Tarawood Drive						
			Address			
		Orlando, Florida 32819				
		4	City/State and Zip Code		1-3	
		drgmock@gmail.com	o be used for future annual report noti	fication)	7877 SEP	er 7
				•·•···	DEC	times;
For fu	rther information of	concerning this matter, please ca			22 237	Entered E
Gail I	_ Mock		407 876-3737 at ()			
	Name (of Person	Area Code Daytin	ne Telephone Number	2: 17 STATE E. FL	Ć
Enclo	sed is a check for t	the following amount:				.,
	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
			Street Address:			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Folie a Deux Redeux, LLC	in our records)	
(Name of the Limited Liability Compar (A Florida Limited L	hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000060991</u>		and assigned
This amendment is submitted to amend the following:		-
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City , Flor	rida 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

Title	<u>Name</u>	Address	Type of Action
MGR	Gail L Mock, PsyD	6054 Tarawood Dr Orlando, FL 32819	■Add
			Remove
			☐ Change
			□Add
			Remove
			☐ Change
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	(optional)	<u></u>
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant y filing requirements, this date will not	t to 605.0207 (3) be fisted as the
e record specifies a delayed effective date, but not an effective time, at 12:01 and is filed.	a.m. on the earlier of: (b) The 90th d	ay after the
ita is filea.		
Dated December 05		
December 05 2023	entative of a member	_