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Y. SCOTT

OCT 21 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA KACHIN PSYCHIATRY/BEHAVIORAL HEALTH, 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:

Robert Tang Bau

Name of Person

FLORIDA KACHIN PSYCHIATRY/BEHAVIORAL HEALTH, PLLC

Firm/Company

8350 NW 52ND TERR, STE 301

Address

Doral, FL 33166-7708

City/State and Zip Code

pmhnp tangbau@gmail.com

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

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For further information concerning this matter, please call:

Robert Tang Bau

Name of Person

at (786) 348-5164

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FLORIDA KACHIN PSYCHIATRY/BEHAVIORAL HEALTH, PLLC

(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 April 13, 2023 and assigned
Florida document number 123000182949.

This amendment is submitted to amend the following:

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

ICARE PSYCHIATRY, PLLC

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)

8350 NW 52ND TER, STE 301

Doral, FL 33166-7708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11013 SW 167TH ST

Miami, FL 33157

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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

Florida

City

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager
 MBR = 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"/> Change

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

I, Robert Tang Bau, am the owner and manger of FLORIDA KACHIN PSYCHIATRY/BEHAVIORAL HEALTH, PLLC.

I am seeking a name change for my practice, as the current name is lengthy and difficult to pronounce.

I would like to change the name of my practice from FLORIDA KACHIN PSYCHIATRY/BEHAVIORAL HEALTH, PLLC

to ICARE PSYCHIATRY, PLLC.

I do not intend to make any other alterations.

Your assistance in this matter would be greatly appreciated.

Thank you.

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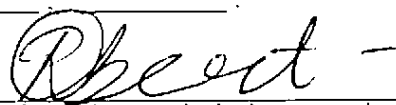
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 Oct. 02 2023



Signature of a member or authorized representative of a member

Robert Tang Bau

Typed or printed name of signee