L23000198818

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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CK 10120120X

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
Please return all correspo	indence concerning this matter	to the following:	
	JOHN BELTRAN		
	Name of Person		
	BELTRAN PSYCHOLOGICAL SERVICES, L.L.C		
	Firm/Company		
	3214 HILLSDALE LANE		
		Address	
	KISSIMMEE, FLORIDA	34741	
	•	City/State and Zip Code	
	beltranpsychological@outle		
		o be used for future annual report notifi	cation)
	oncerning this matter, please ca		
JOHN BELTRAN		407 518-9161 at ()	
Name o	î Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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		Street Address: Registration Sec	tion
Division of Corporations		Division of Corp	porations
P.O. Box 6327		The Centre of Ta	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BELTRAN PSYCHOLOGICAL SERVICES, L.L.C

company has been notified in writing of this change.

2023 CCT 1 0 7.110: 25

(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 Compar	y were filed on April 21, 2023	and assigned
Florida document number L23000198818		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	he 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)		
B. If amending the registered agent and/or registered offic	a address on our records, enter the i	name of the new registered
agent and/or the new registered office address here:	e address on our records, enter the	Tame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
Florida		a
	City	Zíp Code
New Registered Agent's Signature, if changing Registered Ager	<u>it:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office	te performance of my duties, and Le s provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANGELA M BELTRAN	3214 HILLSDALE LANE, KISSIMMEE, FL 34741	🗆 Add
			\begin{align*} \be
		 	□Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
			🗀 Add
			🗆 Remove
			□ Change
			🗅 Add
			□Remove
			Change
			□ Add
			□Remove
			DChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signisture of a member or authorized representative of a member JOHN BELTRAN

Filing Fee: \$25.00

Ayped or printed name of signec