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2023 JUN 15 AM 6: 4



COVER LETTER

TO:

Registration Section Division of Corporations

STELLER SUBJECT:	PSYCHOLOGY, LLC		
SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Veronica Steller		
		Name of Person	
	Steller Psychology, LLC		
	-	Firm/Company	
	6235 Wilshire Pines Circle	e. #1404	
		Address	
	Naples, Florida 34109		
		City/State and Zip Code	
	vsteller8@gmail.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information c	concerning this matter, please c	all:	
Veronica Steller		239 450-4550 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	tion
Division of C	Corporations	Division of Corp	oorations
P.O. Box 632 Tallahassee, E		The Centre of Ta	
i ananassee, i	FL 32314	Z415 IN. IVIONIOE	Street, Suite 810

Tallahassee, FL 32303

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

STELLER PSYCHOLOGY, LLC

2023 JUN 15 AM 6: 44

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re- imited Liability Company) HEL AHAS	cords.)				
The Articles of Organization for this Limited Liability Cor		, and the second				
Florida document number L23000225287						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	d liability company here:					
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	<u></u>					
Enter new mailing address, if applicable:	·					
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered of	office address on our records, en	iter the name of the new registe				
agent and/or the new registered office address here:						
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	City	, Florida				
New Registered Agent's Signature, if changing Registered A	•	The Court				
I hereby accept the appointment as registered agent an		I further agree to comply with				
r nereny accept the appointment as registerea agent ar provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered	nplete performance of my dutie. ent as provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is				
company has been notified in writing of this change.	-					

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
AMBR	Veronica A. Steller	6235 Wilshire Pines Circle, #1404, Naples, FL 34109	_ ≅ Add
			□Remove
			_ 🗆 Change
			_ □Add
			_ □Remove
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an effective	date is listed, th	than the date ne date must be sp I in this block do	ecific and c	annot be pri	or to date of	filing or mon	than 90 da	ys after film	ig.) Pursuani i	to 605,0207
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	cifies a delaye	ed effective date	, but not a	n effective	time, at 12	:01 a.m. on	the earlier	of: (b)	The 90th day	after the
l is filed.										
June	12			2023						
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_		Signa	ture of a me	mber or aut	thorized repr	esentative of	`a member			
-	Veronica Stelle	_	ture of a me	mber or au	thorized repr	esentative of	`a member			