

L23000240241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

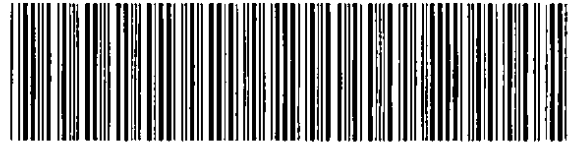
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

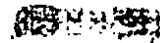
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R. HUNT

06/13/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Deeper Insights Therapy
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:

Heather Burroughs, LCSW
Name of Person

Deeper Insights Therapy
Firm/Company

1806 Town Plaza Ct
Address

Winter Springs, FL 32708
City/State and Zip Code

hburroughs@deeperinsightstherapy.com
E-mail address: (to be used for future annual report notification)

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TALLHASSEE, FL

For further information concerning this matter, please call:

Heather Burroughs at (407) 491-7872
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
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

Deeper Insights Therapy, LLC

(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 5/16/2023 and assigned
Florida document number L23000240241

This amendment is submitted to amend the following:

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

Same - Deeper Insights Therapy, LLC

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)

1806 Town Plaza Court
Winter Springs, FL 32708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1806 Town Plaza Court
Winter Springs, FL 32708

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:

Same - Heather Burroughs

New Registered Office Address:

1866 Town Plaza Court
Enter Florida street address

Winter Springs, Florida 32708
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.

n/a

If Changing Registered Agent, Signature of New Registered Agent

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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

SAME

Title Name Address Type of Action

MGR Heather Burroughs _____ Add
 _____ Remove
 _____ Change

AMBR Heather Burroughs _____ Add
 _____ Remove
 _____ Change

_____ Add
 _____ Remove
 _____ Change

_____ Add
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 4:42 PM
 CLERK OF STATE
 TALLAHASSEE, FL

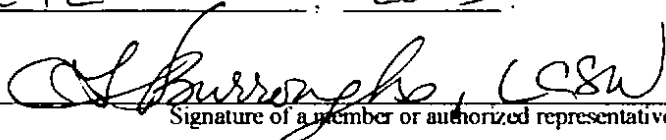
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

My accountant's office, John Earls CPA, filed the original article of organization for my LLC. I was never asked what address I wanted shown on the document (home or principle address). The document was filed with my home address. I am very concerned about this because I am a mental health therapist + often deal with unstable individuals. I do not want my home address to appear anywhere, including the original article of organization because I understand this would still be public record. So, I am requesting an "amended" and restated article of organization

E. Effective date, if other than the date of filing: 5/16/2023 12:01 am (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 June 12, 2023.


Signature of a member or authorized representative of a member

Heather Burroughs
Typed or printed name of signee

2023 JUN 13 PM 4:42
CLERK OF STATE
TALLAHASSEE, FL
FILED