## L23000424256

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Sasiness Entity Nations)
(Document Number)
(Coomen, amon,
Certified Copies Certificates of Status
T
Special Instructions to Filing Officer:

Office Use Only



000415782380

09/18/23--01011--009 ++25.00

## **COVER LETTER**

TO:	Registration Sec Division of Corp					
SUBJE		uropsychology & Intervention	PLLC	• •		
SUBJE	Name of Limited Liability Company					
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Pl <b>e</b> ase n	eturn all correspon	ndence concerning this matter	to the following:			
		Scott C Harcourt				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		Blue Cat Neuropsychology	& Intervention PLLC			
			Firm/Company			
		1889 Keewin AV				
			Address			
		Palm Bay FL 32905				
			City/State and Zip Code	<del></del>		
		theotherfootball@gmail.com				
		E-mail address: (	to be used for future annual report notif	ication)		
For furtl	er information co	neerning this matter, please ca	all:			
Scott Ha	rcourt		321 917 4114 at ()			
•	Name of	Person	Area Code Daytime	· Telephone Number		
Enclosed	d is a check for the	e following amount:				
<b>■ \$</b> 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		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

Blue Cat Neuropsychology & Intervention, PLLC						
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)					
The Articles of Organization for this Limited Liability Company w Florida document number <u>L23000424256</u>	and assigned					
This amendment is submitted to amend the following:						
(Name of the Limited Liability Company as It now appears on our records) (A Florida Limited Liability Company)  Articles of Organization for this Limited Liability Company were filed on 09/12/2023 and assigned independent number L28/00x1424256  samendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or new principal offices address, if applicable:  neipal office address MUST BE A STREET ADDRESS)  Principal office address MUST BE A STREET ADDRESS)  and assigned on the designation of the abbreviation "LLC" or the a						
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	r the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)		2023				
		32. 02				
		532 - 7				
Enter new mailing address, if applicable:		(1) - (1) -				
(Mailing address MAY BE A POST OFFICE BOX)	ress MAY BE A POST OFFICE BOX)					
		<u></u>				
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter th</u>	e name of the new register				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address	·				
	City	Zip Code				
New Registered Agent's Signature, if changing Registered Agent:						
l hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pre	erformance of my duties, and .	l am familiar with and				

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

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	Scott Harcourt	1889 Keewin Av NE	≡Add
		Palm Bay FL 32905	
			□ Change
<del></del>			□ Add
			⊡ Rетю∨е
			Change
		<del></del>	□ Add
			Петюve
		<del></del>	□Change
			Change
			□Add
			□Remove
			□Change
		<del></del>	ПRетюче
			□Change

				-	
<del> </del>				<del>-</del>	
				••	
				<del></del>	
				20 S1 FA1	
			<del>-</del>	ZUZI SE SLUAH AMLLAH	
				USEP 18	
<del> </del>				•	•
<del></del>				7	ţ
				7: -	١.
	<u> </u>			-	
			<u> </u>		
native date if other than the dat	o of filings		lantiona	15	
ective date, if other than the dat effective date is listed, the date must be	specific and cannot be prior to	date of filing or more tha	n 90 days after film	g.) Pursuant to 605.0	020
e: If the date inserted in this block ument's effective date on the Depar		ic statutory tiling requ	nrements, this da	e will not be lister	a a
cord specifies a delayed effective da s filed.	te, but not an effective time	e, at 12:01 a.m. on the	earlier of: (b)	The 90th day after	the
s mea.					
14th of September	2023				
ed	<del></del> -	-			
ed					
A	nature of a member or authori	and companion to the control of a control	winhar		