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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	Clear Mind R Name of Eins	ehavioral i/ c	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	- Marcy	Thompson LCSW Name of Person	
	Clear M	lind Behavioral Firm/Company	
	22 N. Tar	ragona Street	
		Address	
	Pensacola,	FŁ 32502 City/State and Zip Code	
	E-mail address: (Obellsouth.net to be used for future annual report noti	ification)
For further information of	concerning this matter, please c	all:	
Marcy Th	ompson	at (850) 449-7	1349
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
2 \$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

Clear Mind Beha	rioral, LLC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on c ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{9/1}{3}$	3/2023 an	d assigned
Florida document number <u>L 23 000 H26 287</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designa	tion "LLC" or the abbreviation	on "L.IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		,	77
		22	
Enter new mailing address, if applicable:	 	(n ⁺) (n-+ (n) ⁺)	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			\Box
		ြို့ မြို့ မ	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our record	ls, <u>enter the name of the</u>	e new registerec
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	reet address	_
		, Florida	
	City	Zip C	ode

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

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_	Marcy Thompson	22 N. Tarragona Street	XAdd
		Pensacola, Fr 32502	□Remove
			□Change
		□ Add	
			□ Remove
			□ Change
		-	□Add
		□R	Remove
			□Change
			🗆 Add
			□Remove
			Change
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			□Remove
			□Change
		□Add	
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	ve date, if other than the date of filing:
he record ord is file	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 d.
Dated _	September 22 2023
	September 22 2023 (Daicy) Marculus Short som Signature of a member or authorized representative of a member Marcelene Thompson Typed or printed name of signee
	ha i i