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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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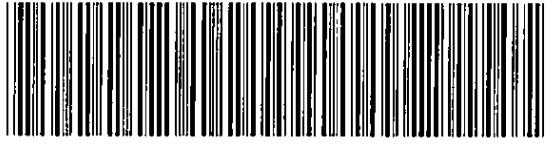
(Business Entity Name)

(Document Number)

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2024 SEP 12 PM 5:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Healing Minds Psychiatry LLC  
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:

Jacklyn DUNSKI  
Name of Person

Healing Minds Psychiatry LLC  
Firm/Company

Home Address: 5647 Monte Rosso Rd  
Address

Sarasota FL 34243  
City/State and Zip Code

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

For further information concerning this matter, please call:

Jacklyn DUNSKI at 941 9293623  
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**

Healing Minds Psychiatry 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 9/25/2024 assigned  
Florida document number L23000443627

FILED  
2024 SEP 12 PM 5:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

This amendment is submitted to amend the following:

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

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)**

2856 University Parkway  
Sarasota Florida  
34243

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

correct to Florida\*

Monte  
5647 Monte Rosso Rd  
Sarasota Florida  
34293

**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:

Jacklyn Dunski

New Registered Office Address:

2856 University Parkway  
Enter Florida street address  
Sarasota Florida 34243  
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.*

Jacklyn Dunski  
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>	<u>Address</u>	<u>Type of Action</u>
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MGR	Jacklyn Stump	2856 University Parkway Sarasota Florida 34243	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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☐ Change

MGR	Jacklyn DUNSKI	2856 University Parkway Sarasota Florida 34243	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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☐ Change

	Amanda Thomas	<del>Amanda Thomas</del> 2856 University Parkway Sarasota Florida 34243	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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☐ Change

☐ Add

☐ Remove

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

1. Remove Amanda Thomas and replace with Jacklyn DUNSKI,
2. Remove Jacklyn Stump and replace with Jacklyn DUNSKI,
3. EIN # 93-3614455

- \* Healing Minds Psychiatry LLC be registered to Jacklyn DUNSKI.
- \* Jacklyn DUNSKI to be changed to registered agent and manager,
- \* Remove Amanda Thomas
- \* Jacklyn Stump was legally changed to Jacklyn DUNSKI due to marriage.
- \* copy of marriage certificate and driver license attached for review.

**E. Effective date, if other than the date of filing:** 9/4/24 (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 9/4/24 7:50 am

Jacklyn DUNSKI  
Signature of a member or authorized representative of a member  
Jacklyn DUNSKI  
Typed or printed name of signer