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SECRETARY OF STATE TALLARYSSEE, FL

## **COVER LETTER**

TO: Registration Se Division of Cor					
	RELLA PRACTICE PLLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for tiling			
	ondence concerning this matter	-			
ricase return an correspo	indence concerning this matter	to the tonowing.			
	CHRISTIAN LOPEZ				
	-	Name of Person			
	THE UMBRELLA PRAC	TICE PLLC			
		Firm/Company			
	2910 NE 9TH AVE				
		Address			
	POMPANO BEACH, FL.	33064			
		City/State and Zip Code			
	CHRISTIANLOPEZ86@IG	CLOUD.COM to be used for future annual report notifi			
For further information c	concerning this matter, please c		cation		
CHRISTIAN LOPEZ		954 446-4333			
			Telephone Number		
Name o	d'Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:			20 S	
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fil. Certificate Certified ( radditional c	ing Fee. 2 e of Status &	TI
Mailing Addres		Street Address:		STA 3	
Registration 5		Registration Sect		· Æ 3	
Division of C	•	Division of Corp			
P.O. Box 632		The Centre of Ta		10	
Tallahassee.	rt. 5451 <del>4</del>	2415 N. Monroe	Street, Stiffe & I	, <b>U</b>	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE UMBRELLA PRACTICE PLLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
UMBRELLA PSYCHIATRY LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		•
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, enter the name	of the new registered
Name of New Registered Agent:	-	Sr. 707
New Registered Office Address:	Enter Florida street address	0 1
	Florida	TYP Code
New Registered Agent's Signature, if changing Registered Agent:		ESTA 4:3
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am fa covided for in Chapter 605, F.S. Or, i	miliar with and f this document is

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
		<del></del>	
			□Remove
			☐ Change
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			SECINE STAR STEE. FLER
			☐Change
			Remove

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ective date, if other than the da	ate of filing:		(option	18 (E) 18 (E)
n effective date is listed, the date must b te: If the date inserted in this block	e specific and cannot be prior k does not meet the applic	to date of filing or mo able statutory filing	re than 90 days after fit requirements, this d	ling.) Pursuant t <b>cc0</b> 05.02 late will mot be listed :
cument's effective date on the Department	artment of State's records.	aine statutory ming	requirements, time e	至 1
				2 P
ecord specifies a delayed effective c	late, but not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th rlay after th
is filed.				4: 33 E. FL
				- FEE 33
SEPTEMBER 26 ted	2024	·		•
ted		•		
	Christiai	n Lopez		
	gnature of a member or author			

Filing Fee: \$25.00