

L24 0000 44958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

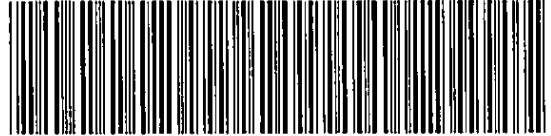
(Business Entity Name)

(Document Number)

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10-23-24 01014-015  
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CLERK OF COURT  
TALLAHASSEE, FL

**Amir Levine**  
**Attachment Neuroscience Based Therapy PLLC**  
407 Lincoln Rd, Suite 6H PMB 1338  
Miami Beach, FL 33139  
Email: amirlevine@mac.com  
Phone: 646-338-4211  
Date: 10/8/2024

**To:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Subject:** Submission of Articles of Amendment – Attachment Neuroscience Based Therapy PLLC

Dear Amendment Section,

Enclosed are the Articles of Amendment and the associated filing fee for the corporation **Attachment Neuroscience Based Therapy PLLC**, document number **L24000044958**. Please process this amendment according to the details provided in the enclosed form, the removal of Batia Weiss and Shira Weiss as managers.

Please direct all correspondence related to this filing to the contact information above. Should you need any further information, feel free to reach out to me at the listed phone number or email address.

Thank you for your assistance.

Sincerely,



**Amir Levine**  
Owner and Manager  
Attachment Neuroscience Based Therapy PLLC

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CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Attachment Neuroscience Based Therapy PLLC  
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:

Amir Levine

Name of Person

Attachment Neuroscience Based Therapy PLLC

Firm/Company

407 LINCOLN RD, SUITE 6H PMB 1338

Address

MIAMI BEACH, FL. 33139 US

City/State and Zip Code

amirlevine@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amir Levine

at ( 646 ) 338-4211

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FL  
STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Attachment Neuroscience Based Therapy PLLC

(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 January 24, 2024 and assigned  
Florida document number L24000044958.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

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

N/A

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

**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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

Florida

*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.*

**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>
MGR	BATIA WEISS	407 LINCOLN RD, SUITE 6H PMB 1338	<input type="checkbox"/> Add
		MIAMI BEACH, FL. 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHIRA WEISS	407 LINCOLN RD, SUITE 6H PMB 1338	<input type="checkbox"/> Add
		MIAMI BEACH, FL. 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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COUNTY OF ST. JOHNS  
TALLAHASSEE, FL

remove  
change  
add  
remove

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TALLAHASSEE, FL

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

(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)

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 November 14, 2024

Signature of a member or authorized representative of a member

Amir Levine

Typed or printed name of signee

**Filing Fee: \$25.00**