

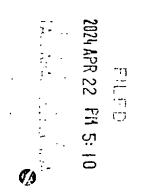
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DOMENICK LAZZARA, Esq. Amorsis art as

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1814 % 15th Street Limpa H 33605

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www.domlaw.com

15 April 2024

VIA US PRIORITY MAIL

REGISTRATION SECTION DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

> Re: BUSINESS DEVELOPMENT FOR TRANSFORM MENTAL HEALTH -L24000166657

Dear Registration Section:

Dom Law serves as outside legal counsel and Authorized Representative to TRANSFORM MENTAL HEALTH PLLC, Florida Document Number <u>L24000166657</u>. Please find enclosed with this letter completed Articles of Amendment to Articles of Organization of TRANSFORM MENTAL HEALTH PLLC, with the requisite filing fees of \$25.00 via Check Number 2304.

Thank you in advance for your attention to this filing.

Yours Truly,

DOM-LAW, PA

(Domenick G Lazzara, Esa Attorney at Law













COVER LETTER

TO:

Registration Section

Divi	sion of Co	rporations		
	TRANSFO	ORM MENTAL HEALTH PLI	.C	
SUBJECT:		Name of Lir	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sul	omitted for filing	
		ondence concerning this matter	_	
r icase return	an correspo	indence concerning this matter	to the following:	
		DOMENICK LAZZARA	, ESQ	
			Name of Person	
		DOM LAW, PA		
			Firm/Company	·
		1814 N 15TH STREET		
			Address	
		TAMPA, FLORIDA 3360	95	
		DOMESTICANT AND COME	City/State and Zip Code	
		DOM@DOMI,AW.COM E-mail address: (to be used for future annual report r	notification)
For further inf	formation e	oncerning this matter, please c	·	
DOMENICK	LAZZAR	1	813 606-5036	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a c	check for th	ne following amount:		
■ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
	ing Addres		Street Address:	
	istration S sion of C	section orporations	Registration S Division of C	
P.O.	Box 632	7	The Centre of	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANSFORM MENTAL HEALTH 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 Compa	ny were filed on 04/08/2024	and assigned
Florida document number 1.24000166657		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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 designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2024
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		22
B. If amending the registered agent and/or registered offic	e address on our records, er	· · · · · · · · · · · · · · · · · · ·
agent and/or the new registered office address here:		70 E
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	·	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties s provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is
	langing Registered Agent, Signate	of San Basican Laure

'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	TRAN, TRAN	6034 N 21ST PLACE	
		PHOENIX, AZ 85016	≣Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the date of filing: It an effective date is listed, the date must be specific and cannot Note: If the date inserted in this block does not meet the document's effective date on the Department of State's r	be prior to date of filit applicable statutor	ig or more than 90 days a	ther filing.) Pursuant to 60	15.0207 (sted as t
e record specifies a delayed effective date, but not an effe rd is filed.	ective time, at 12:01	a.m. on the earlier of	: (b) The 90th day aft	er the
Dated 15 APRIL 2024	1			
	·			
	1	itanica of a member		

Filing Fee: \$25.00

Typed or printed name of signee

CONFIDENTIAL COMMUNICATION