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COVER LETTER

Division of Corporations Harmony Integrative Psychiatry LLC SUBJECT: _ 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: Kristi Myers Name of Person Firm/Company 2901 Abbotsford Way Address Tallahassee, FL 32312-2801 City/State and Zip Code KMyers32312@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kristi Myers Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, **\$25.00** Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

Harmony Integrative Psychiatry LLC				
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appeability Company)	ars on our records	<u>.</u>)	
The Articles of Organization for this Limited Liability Company w	vere filed on _	6/21/2024		_ and assigned
Florida document number L24000283018				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company ł	<u>iere</u> :		
Screnity Integrative Psychiatric Services LLC				
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	designation "LLC"	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·			
Principal office address MUST BE A STREET ADDRESS)			50	202
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Enter new mailing address, if applicable:			##. \$1.	9 [
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Mailing address MAY BE A POST OFFICE BOX)			1.16	
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 If amending the registered agent and/or registered office ad agent and/or the new registered office address here: 	ldress on our	records, <u>enter t</u>	he name o	f the new regis
gent and/or the new registered office address here.				
Name of New Registered Agent:		<u> </u>		· · · · · ·
New Registered Office Address:				
	Enter Fle	orida street address		
		Flo	rida	
	Cirv	, . 10		Zıp 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	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
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in effective date is listed ote: If the date insert ocument's effective date	ed in this block does	filing: fit and cannot be prior to date of s not meet the applicable statut of State's records.	Olling or more than 90 days after tory filing requirements, the	er filing.) Pursuant to 605.0207 (nis date will not be listed as t
ecord specifies a dela is filed.	yed effective date. b	out not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day after the
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	8 ignatu	e of a member or authorized repr	esentative of a member	

Typed or printed name of signee