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•	(Requestor's Name)	
	(Address)	-
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	(**************************************	
	(City/State/Zip/Phone #)	
	(City/State/Zip/Pilone #)	
PICK-UP	☐ WAIT	MAIL
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	(Business Entity Name)	
	(Document Number)	
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Special Instructions to	Filing Officer:	
		J. HORNE
	•	J. HURNE
	c	SEP 3 0 2024
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

09/25/2024

NAME: PSYNERGY MED HEALTH PLLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	stration Session of Cor			
	Psynergy M	ed Health PLLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		David H. Trevett		
		- 11-11	Name of Person	
		Law Offices of David H. Tr	evett, PL	
		-	Firm/Company	
6900 Tavistock Lakes Blvd Suite 400				
			Address	
		Orlando, FL 32827		
			City/State and Zip Code	
		david@dtrevettlaw.com		·
For further in	formation co	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	tification)
David H Trev	ett		407 8021060 at ()	
Name of Person			ne Telephone Number	
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Address: Registration Se	ection	
Division of Corporations		Division of Corporations		
	Box 632		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 SEP 25 AM II: 25

PSYNERGY MED 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	any were filed on 09/17/2	2024	_ and assigned
Florida document number L24000406239			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited !	iability company here:		
PSYNERGY HEALTH MED PLLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the design	nation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS	2		
			٠
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our recor		
New_Registered Office Address:			
-	Enter Florida s	treet address	
		Florida	
	•		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my as provided for in Chap	duties, and I am fan oter 605, F.S. Or, if i	niliar with and this document is
If C	Changing Registered Agent, S	Signature of New Regist	ered 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
_			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
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ffective date, if other than the date an effective date is listed, the date must be tote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be prior to k does not meet the applicab			
record specifies a delayed effective d l is filed.	late, but not an effective tim	e, at 12:01 a.m. on the e	earlier of: (b) The 90th day	after the
ated	2024	_ ,		
Jos and Company	(Sep 25, 2024 10:21 ED1)			
Si _l	gnature of a member or authori	zed representative of a me	mber	_
	-	•		

Filing Fee: \$25.00

COVER LETTER

то:

Tallahassee, FL 32314

	Registration Se Division of Cor			
CUB IEZ	Psynergy M	led Health PLLC		
SUBJEC	·1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		David H. Trevett		
			Name of Person	
		Law Offices of David H. Tr	evett, PL	
			Firm/Company	
6900 Tavistock Lakes Blvd Suite 400				
Address				
		Orlando, FL 32827		
City/State and Zip Code				
		david@dtrevettlaw.com	to be used for future annual repo	ert motification)
For furthe	er information c	oncerning this matter, please ca	·	in notification)
David H	Trevett		407 802100 at ()	50
Name of Person		Area Code E	Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addre	
	Registration S Division of C		Registratio Division o	
Division of Corporations		Division of Corporations The Centre of Tallahussee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303