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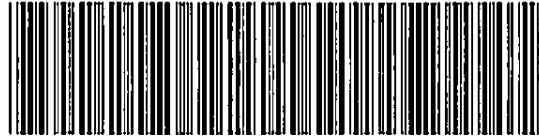
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DATE: 09/25/2024

NAME: PSYNERGY MED HEALTH PLLC

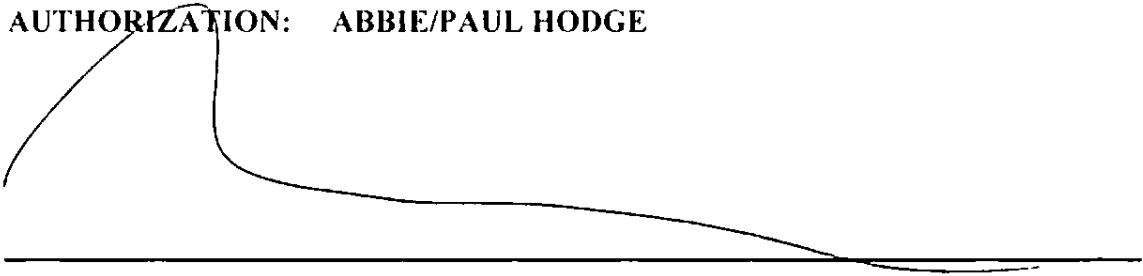
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Psynergy Med Health 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:

David H. Trevett

Name of Person

Law Offices of David H. Trevett, PL

Firm/Company

6900 Tavistock Lakes Blvd Suite 400

Address

Orlando, FL 32827

City/State and Zip Code

david@dtrevettlaw.com

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

For further information concerning this matter, please call:

David H Trevett

407
at ()

8021060

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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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2024 SEP 25 AM 11:25
FBI

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

PSYNERGY HEALTH MED PLLC

Enter new principal offices address, if applicable:

Enter new mailing address, if applicable:

_____, Florida _____
City Zip Code

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]


E. Effective date, if other than the date of filing: 09/23/2024 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 SEPTEMBER 25, 2024


Joseph M. Simpson (Sep 25, 2024 10:21 EDT)

Signature of a member or authorized representative of a member

Joshua G. Briscoe

Typed or printed name of signee

Filing Fee: \$25.00

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8021060

at (_____) _____

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- | | | | |
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| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
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(additional copy is enclosed) |
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