## P180000 35254

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(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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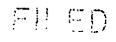
## COVER LETTER

The second second

**TO:** Amendment Section

porations		r
RATION: Luna Psychology,	PA	
	bmitted for filing.	
espondence concerning this ma	tter to the following:	
Yalemni Luna DeLaurier		
	Name of Contact Person	n
Luna Psychology, PA		
	Firm/ Company	<u></u>
7600 Red Road. Suite 127		
-	Address	
South Miami, Florida 33143		
	City/ State and Zip Cod	e
drhinadelaurier@email.com		
	sed for future annual report	notification)
·	·	,
on concerning this matter, plea	se call:	
nrier	at ( <sup>786</sup>	508-2207
of Contact Person	Area Co	de & Daytime Telephone Number
or the following amount made	payable to the Florida Depa	artment of State:
☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
rendment Section rision of Corporations D. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	BER: P18000035254  s of Amendment and fee are surespondence concerning this may alemni Luna DeLaurier  Luna Psychology, PA  7600 Red Road, Suite 127  South Miami, Florida 33143  drlunadelaurier@gmail.com  E-mail address: (to be use on concerning this matter, pleasurier  of Contact Person  for the following amount made  \$\tilde{\text{L}}\$	RATION: Luna Psychology,PA  BER: P18000035254  Sof Amendment and fee are submitted for filing.  Palemni Luna DeLaurier  Name of Contact Person  The Company  Tool Red Road. Suite 127  Address  South Miami, Florida 33143  City/ State and Zip Codd drlunadelaurier@gmail.com  E-mail address: (to be used for future annual report on concerning this matter, please call:  Description of Contact Person  To the following amount made payable to the Florida Depth of Contact Person  The Company  Tool Contact Person  To the following amount made payable to the Florida Depth of Contact Person  The Company  Tool Contact Person  The Company  Tool Contact Person  To the following amount made payable to the Florida Depth of Contact Person  To the following amount made payable to the Florida Depth of Contact Person  To the following amount made payable to the Florida Depth of Contact Person  To the following amount made payable to the Florida Depth of Contact Person  To the following amount made payable to the Florida Depth of Contact Person  The Company  Tool Contact Person  The Company  Tool Contact Person  To the Company  Tool Contact Person  To the Company  To the Company  To the Florida Status  The Company  To the following Address  The Company  To the Florida Status  The Company  To the Florida Status  To the Company  To the Florida Status  To the Company  To the Florida Status  To the Company  To the following Status  The Company  To the Florida Status  The Company  To the Florida Status  The Company  To the Florida Status  To the Company  To the Florida Status  To the Company  To the Florida Status  To the Florida Sta

## Articles of Amendment to Articles of Incorporation of



Luna Psychology, PA

2021 HAY 20 AH 2: 52

(Name of Corporation as	currently filed with the Florida Dept: of State).
P18000035254	TALE ABACONE, (F)
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
Luna Psychology Group, PA	The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.	
Name of New Registered Agent	
rame by their negative ragem	
	Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: familiar with and accept the obligations of the position.
Signature	of New Registered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add .	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Angelo DeLaurier	7600 Red Road, Suite 127
x Add			South Miami, Florida 33143
Remove		•	
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
05/17/2021	
Effective date <u>if applicable</u> :  (no more than 90 days after an	nendment file date)
Note: If the date inscribed in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	ors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of volume by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gr must be separately provided for each voting group entitled to vote separatel	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	; <del>-</del>
(voting group)	<del>- "</del>
Dated May 12 2021	
Signature Linos	
(By a director, president or other officer – if directo	
selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	eceiver, trustee, or other court
<u>Yalemni Luna C</u>	
(Typed or printed name of perso	n signing)
President	
(Title of person signing)	

the

the