

PRD.0000053.322

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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000381728210

NIC & Amend

02/22/22--01027--007 \*\*52.50

FILED  
2022 APR -8 AM 9:00  
U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

FILED

A. RAMSEY

APR - 8 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 1, 2022

LEANE BROWN  
1275 US HWY 1  
STE 2-6031  
VERO BEACH, FL 32960

SUBJECT: LET'S TALK PSYCHOTHERAPY P.A.  
Ref. Number: P22000008439

We have received your document for LET'S TALK PSYCHOTHERAPY P.A. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to amend, the entity must be active on our records.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 822A00004935

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Let's Talk Psychotherapy PA

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leana Brown  
\_\_\_\_\_  
Name of Contact Person  
Let's Talk Psychotherapy P.A  
\_\_\_\_\_  
Firm/ Company  
1275 US HWY 1 STE 2-6031  
\_\_\_\_\_  
Address  
Vero Beach, FL 32960  
\_\_\_\_\_  
City/ State and Zip Code  
Leana@letstalkpsychotherapy.org  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leana Brown at ( 772 ) 202-0517  
\_\_\_\_\_  
Name of Contact Person                      Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|---|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2022 APR -8 AM 9:00

(Name of Corporation as currently filed with the Florida Dept. of State)

Let's Talk Psychotherapy Corp

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Let's Talk Psychotherapy P.A.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

1275 US HWY 1 STE 2-6031

Vero Beach FL 32960

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

1275 US HWY 1 STE 2-6031

Vero Beach FL 32960

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent n/a

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am 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) (c), F.S.



**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

This professional association is created for the purposes of provided teletherapy, psychotherapy, individual counselings to

Adults, teenagers, children and infants.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

n/a

The date of each amendment(s) adoption: 2/18/22, if other than the date this document was signed.

Effective date if applicable: n/a  
(no more than 90 days after amendment file date)

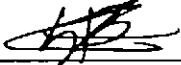
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by n/a  
(voting group)"

Dated 2/11/21

Signature   
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Leana Brown

(Typed or printed name of person signing)

President

(Title of person signing)