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	(Req	juestor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Cor			
cuntr		n the Mirror, PLLC		
SUBJE	C1:	Name of Limi	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Janelle R. Baker Ph.D.		
		***************************************	Name of Person	
		The Mind in the Mirror, Pl	LLC	
			Firm/Company	
		101 N Monroe St. Ste 800		
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		themindinthemirror@gmail		
		h-mail address; (1	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please or	all:	
Janelle	Baker		850 212-2800	
	Name o	l Person	at () Area Code — Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	.00 Fifing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Mind in the Mirror, PLLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.' Liability Company))
he Articles of Organization for this Limited Liability Company	were filed on 01/16/2025	and assigned
lorida document number 1.25000031084		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he Mind in the Mirror Behavioral and Mental Health Services, PLL	C.	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.1C."
nter new principal offices address, if applicable:		2028
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		PH I
Mailing address MAY BE A POST OFFICE BOX)		- : 5
		m; 🐱
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
Itagistera VIII. Italia vas.	Enter Florida street address	··
	, Flor	rida
	City	Zip 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 Member <u>Title</u> <u>Address</u> Type of Action <u>Name</u> _____ Remove _____ Change ____ □ Remove

	···		
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i an eil Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	February 11 2025

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00