

L/14000/48368

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
COLETTE J. IACOBELLIS, M.A., LLC

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COLETTE J. IACOBELLIS, M.A., LLC
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:

Cheyenne Moseley
Name of Person
Legalzoom.com Inc
Firm/Company
101 N. Brand Blvd., 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
cji73@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley **800** **773-0888 ext. 9724**
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 & 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/COURTIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

COLETTE J. IACOBELLIS, M.A., LLC

(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 Company were filed on 09/23/2014 and assigned
Florida document number L14000148368

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COLETTE J. FEHR, M.A., LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1681 N Maitland Ave

(Principal office address MUST BE A STREET ADDRESS) Maitland, FL 32751

Enter new mailing address, if applicable: 1681 N Maitland Ave

(Mailing address MAY BE A POST OFFICE BOX) Maitland, FL 32751

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Colette J Iacobellis</u>	<u>338 N Park Avenue, Suite 18</u>	<input type="checkbox"/> Add
		<u>Winter Park, FL 32789</u>	<input checked="" type="checkbox"/> Remove
<u>AMBR</u>	<u>Colette Fehr</u>	<u>1681 N Maitland Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Maitland, FL 32751</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Five horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 30, 2016

Colette Fehr

Signature of a member or authorized representative of a member

Colette Fehr

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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