

11/24/21, 11:10 AM

Division of Corporations

L 20000008945

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000432805 3))



H210004328053ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REED MAWHINNEY & LINK, PLLC  
Account Number : I20180000185  
Phone : (863)687-1771  
Fax Number : (863)687-1775

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Suzanne@polklawyer.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ATALA COUNSELING, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2021 NOV 24 AM 11:44

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2021 NOV 24 AM 10:57  
SECRETARY OF STATE  
ALLIANCE FOR FLORIDA

FILED

**COVER LETTER**

11 210004328053

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atala Counseling, 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:

Suzanne Middleton

\_\_\_\_\_  
Name of Person

Reed Mawhinney & Link, PLLC

\_\_\_\_\_  
Firm/Company

1611 Harden Blvd.

\_\_\_\_\_  
Address

Lakeland, FL 33803

\_\_\_\_\_  
City/State and Zip Code

suzanne@polklawyer.com

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

For further information concerning this matter, please call:

Andrew M. Reed

at ( 863 687-1771 )

\_\_\_\_\_  
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 Address:

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

11 210004328053

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H210004328053

Atala Counseling, PLLC

(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 1/2/2020 and assigned Florida document number L20000008945

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable: 905 S. Missouri Avenue  
(Principal office address MUST BE A STREET ADDRESS) Lakeland, FL 33803

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

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

FILED  
2021 NOV 24 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

H210004328053

H210004328053

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>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kathryn Dumont	905 S. Missouri Avenue	<input type="checkbox"/> Add
		Lakeland, FL 33803	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Kathryn Ordonia	905 S. Missouri Avenue	<input type="checkbox"/> Add
		Lakeland, FL 33803	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H210004328053

H2 10004328053

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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: (h) The 90th day after the record is filed.

Dated NOV 24, 2021.

Handwritten signature of Kathryn Dumont

Signature of a member or authorized representative of a member

Kathryn Dumont

Typed or printed name of signer

FILED
NOV 24 AM 10:57
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

H2 10004328053