L22000511792

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06/28/23--01018--015 **25.00



COVER LETTER

TO: Registration Division of	n Section Corporations		
SEVEN SUBJECT:	OAKS THERAPY LLC		
SUBJECT:	Name of Lit	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	espondence concerning this matter	r to the following:	
	RACHEL WHITE		
		Name of Person	.
	SEVEN OAKS THERAP	Y LLC	
		Firm/Company	
	11512 LAKE MEAD AV	E UNIT 405	
		Address	
	JACKSONVILLE, FL 32	256	
		City/State and Zip Code	
	COUNSELINGBYRACHI	-	
	E-mail address:	(to be used for future annual report not	ification)
For further informatic	on concerning this matter, please of	ealt:	
RACHEL WHITE		904 907-9701	
Nan	ne of Person		ne Telephone Number
Enclosed is a check for	or 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)
<u>Mailing Add</u> Registratio		Street Address: Registration Se	ection
	f Corporations	Division of Co	
P.O. Box 6		The Centre of	
I allahasse	e, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•

SEVEN OAKS THERAPY LLC	2023 JUN 28 AM 7: 17
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.)
· ·	Liability Company) ALL ART SECTION
The Articles of Organization for this Limited Liability Company	were filed on DECEMBER 12, 2022 and assigned
Florida document number L22000511792	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
	NA
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	Af L
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 register
agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	NIC
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PAUL E WHITE	2178 AVIAN PLACE JACKSONVILLE. FL 32224	🖹 Add
			Remove
			□Change
AMBR	ABIGAIL WHITE-HARRIS	501 SHADY PARK TRAIL HEWITT, TX 76643	∃ Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			Change
			□Add
			□Remove
			□Change

	- <u> </u>
	-
fective date, if other than the date of filing: (optional)	
fective date, if other than the date of filing:	to 605.020 be listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day is filed.	y after the
med MAY 30 , 2023	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00