

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.

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rc:

Division of Corporations

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Account Number : 120010600062 Phone : (323)962-8660 : (323)962-3889 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEG YOUNG LCSW, PLLC Certificate of Status 0 Certified Copy 1  $(\cdot,\cdot)$ Page Count 06 \$55.00

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## **COVER LETTER**

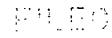
		porations						
UBJECT:		ING LCSW, PLLC						
			ited Liability Company	Agustaya Aghinin Million Tugʻi gʻaffininingi Miy Afgishad qara				
he enclosed	Anicles of	Amendment and fee(s) are sub	imitted for filing.					
lease return	all correspo	indence concerning this matter	to the following:					
		Cheyenne Moseley						
		Name of Person						
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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



MEG YOUNG LCSW, PLLC						
(Sume of the Limite)	A Florida Limited	my as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company were filed on 10/17/2018						
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here;				
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."			
Enter new principal offices address, if applica	ble:	2415 University Pkwy Suite 219				
(Principal office address MUST BE A STREET	ADDRESS)	Sarasoia, FL 34243				
Enter new mailing address, if applicable:		2415 University Pkwy Suite 219				
(Mailing address MAY BE A POST OFFICE B	(OX)	Sarasota, Fl. 34243	<del></del>			
B. If amending the registered agent and/or registered agent and/or the new registered offi			nter the name of the new			
Name of New Registered Agent:						
New Registered Office Address:	5575 S. Semoran Blvd., Suite 36  Enter Florida street address					
	Orlando	- Florida	32322 Zip Code			
New Registered Agent's Signature, if changing Re	egistered 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:

Title	<u>Name</u>	Address	Type of Action
MGR	Margaret Young	2415 University Pkwy Suite 219	<b>⊜</b> Add
<del></del>		Sarosota, Fl. 34243	
			□ Remove
			Change
AMBR	Margaret Young Living Trust	2415 University Pkwy Suite 219	
		Co. 11. 22042	
		Sarasota, FL 34243	□ Remove
			□ Change
AMBR	Margaret Berry	410 141st CT NE	
		Bradenion, FL 34212	U Add
			C Change

			☐ Change
AMBR	Margaret Berry	410 141st CT NE	□ Add
		Brodenton, FL 34212	
		THE CONTRACT OF STATE	<b>⊟</b> -Remove
			C Change
			Add
		A STATE OF THE STA	□ Веточе
			C) Change
			D Add
			□ Remove
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	·	المستعدد والمستعدد والمستعد والمستعدد والمستعد	□ Remove
		***	Change

Page 3 of 3

Typed or printed name of tignee

Must House Signature of a member or authorized representative of a member

Margaret Young

Filing Fee: \$25.00