L070000 16090

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Entitle Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100311750441

04/11/18--01012--005 **30.00



APR 13 MM

COVER LETTER

то:	Registration Se Division of Cor					
SUBJE		ve Counseling Center of Tarpor	n Springs LLC			
Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		Julie Beach Hill				
		1	Name of Person			
		Whats Up With My Kid PL				
			Firm/Company			
		1145 South Pointe Alexis I	Drive			
			Address			
		Tarpon Springs, FL 34689				
			City/State and Zip Code			
		julieheachhill@Gmail.com				
		t:-mail address: (i	to be used for future annual report notif	ication)		
For furtl	her information c	oncerning this matter, please ca	all:			
Julie Hi	H		727 507-1253			
***	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclose	d is a check for th	ne 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHAT'S UP WITH MY KID PL			
(Name of the Lim	ited Liability Comps (A Florida Limited	ny as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Florida document number L07000016090	Liability Company	were filed on <u>02/13/2007</u>	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
Collaborative Counseling Center of Tarpon Sprin	gs LLC		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2625 Keystone Road	
Principal office address MUST BE A STRE		Suite A-4	No. 2
		Tarpon Springs, FL 34689	
Enter new mailing address, if applicable:		1145 South Pointe Alexis I	Drive G
Mailing address MAY BE A POST OFFICE	EBOX)	Tarpon SPrings, FL 34689	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered of	ffice address on our rece e:	ords, enter the name of the
Name of New Registered Agent:	Julie Beach Hil	1	
New Registered Office Address:	2625 Keystone	Road, Suite A-4	
	· ····	Enter Florida street ad	ldress
	Tarpon Springs	·	, Florida ³⁴⁶⁸⁹
		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</u> <u>being added</u> <u>or removed.from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	- N/A		
	·		□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			□ Remove
			☐ Change
			☐ Add
			Ren ts e
			Sold Press
			Remove
			Add
		VIV-TALLE	Remove

______ Change

	NIT			
				_
		- 4.		_
		75.		
				
				_
				_
	···			_
				_
				_
		****		_
				_
				_
			. ,	-
		B 4 - 1915		_
				~~
				_
Note	etive date, if other than the date of filing: effective date is listed, the date must be specific and cannot if the date inserted in this block does not meet the date inserted are on the Department of State'	the applicable statutory filing requ	(optional) in 90 days after filing.) Pursuant to 6 irements, this date will not be li	05.0207 (3)(b sted as the
	ecord specifies a delayed effective date	, but not an effective time,	at 12:01 a.m. on the ear	lier of:
f the re (b) Th	e 90th day after the record is filed.			
(b) Th	April 7	018		
f the re (b) The Dated	d April 7 , 20	dill	amhar ***	
(b) Th	d April 7 , 20 Will Reach Signature of a member Julie Beach Hill	per of authorized representative of a m	ember Tr	2818 À
(b) Th	d April 7 , 20 Will Reach Signature of a member Julie Beach Hill	dill	ember A Control of the Control of th	2818 APR
(b) Th	d April 7 , 20 Will Reach Signature of a member Julie Beach Hill	per of authorized representative of a m	ALLAMBINARY SEE PL	2918 APR