

LO70000108793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

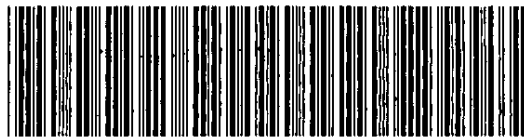
Special Instructions to Filing Officer:

L. SELLERS

JUN - 6 2008

EXAMINER

Office Use Only



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06/06/08--01026--009 **55.00

2008 JUN -6 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



STRATEGIC OPERATING SOLUTIONS, INC.
Medical Claims Reimbursement Solutions

5/28/08

URGENT ATTENTION NEEDED!

Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

Enclosed please find an Articles of Amendment to Articles of Organization form to change the name of my company **from** The Family Guidance and Counseling Center of Central Florida L.L.C. **to** Family Guidance and Counseling Center of Central Florida LLC. (Please note the word "THE" is removed from the beginning of the name and the periods are removed from the acronym "LLC" in order to match what is listed with the federal government.)

This must be done in order for me to practice behavioral health services for Medicare patients and is of the utmost urgency to complete.

You may reach me during the day at the numbers listed below and please return any correspondence to the address below.

Thank you for your prompt attention to this time sensitive matter.

Sincerely,

Carl C. Hertenstein, Owner
Family Guidance and Counseling Center of Central Florida LLC
107 Brandiwood Court
Debary, FL 32713
Phone: (386) 490-5745
Alternate Daytime Phone: (386) 316-0442

**Self Addressed
Postage Paid Return
ENVELOPE ATTACHED!*

Attachments:

1. Cover Letter
2. Articles of Amendment to Articles of Organization of The Family Guidance and Counseling Center of Central Florida L.L.C

P.O. Box 10706, Daytona Beach, FL 32120
TEL: 386.788.3900 FAX: 386.788.3600 CELL: 386.316.0442 OR 386.290.9208
STRATEGICOPERATINGSOLUTIONS@HOTMAIL.COM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Family Guidance and Counseling Center of Central Florida
(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:

Carl Hertenstein

(Name of Person)

The Family Guidance and Counseling Center of Central Florida

(Firm/Company)

107 Brandiwood CT

(Address)

Debary, FL 32713

(City/State and Zip Code)

For further information concerning this matter, please call:

Janice Henning

(Name of Person)

at (386) 316-0442

(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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Family Guidance and Counseling Center of Central Florida L.L.C.

(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 October 25, 2007 and assigned
Florida document number 407-108793

This amendment is submitted to amend the following:

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

Family Guidance and Counseling Center of Central Florida 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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

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 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 608, 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)

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2008 JUN -6 PM 12:47
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated

06/03/08

Signature of a member or authorized representative of a member

CARL C. HERTENSTEIN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JUN -6 PM12:47

FILED