| (Requestor's Name) | |
|---|---|
| (Address) | |
| , | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| · | |
| (Business Entity Name) | |
| | 1 |
| (Document Number) | |
| | • |
| Certified Copies Certificates of Status | ! |
| · | |
| Special Instructions to Filing Officer: | _ |

A. LUNT

SEP -2 2009

EXAMINER

Office Use Only



200159102252

08/31/09--01026--017 **25.00

COVER LETTER

| | ation Se n of Cor | ction • porations | , | | | |
|---------------------------------------|----------------------|--|---|--|--|--|
| SUBJECT: | Αl | len-Suarez Childrer | a & Parents Counseling, | LLC | | |
| | | | ted Liability Company | | | |
| The enclosed Art | ticles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all | correspo | ndence concerning this matter | to the following: | | | |
| | | | Martha E. Sullivan | | | |
| | | | Name of Person | | | |
| | | | Firm/Company | | | |
| | 1970 SW 33rd Ave. | | | | | |
| | | | Address | | | |
| | | | Miami, FL 33145 | | | |
| | | | City/State and Zip Code | | | |
| | | E-mail address: (| to be used for future annual report notific | ation) | | |
| For further inform | mation c | oncerning this matter, please c | all: | | | |
| | | ha E. Sullivan | at (| 89-5059 | | |
| | Name o | 「Person | Area Code & Daytime | Telephone Number | | |
| Enclosed is a che | eck for th | e 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 | | | STREET/COURIE Registration Section | | | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Allen-Suarez Child | ren & Parents Cour | nseling, LLC | ······································ |
|--|------------------------------|-----------------------------|--|
| (<u>Name of the Limited Liabili</u> (A Florida | Limited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability | Company were filed on | 11/08/2007 | and assigned |
| Florida document numberL07000113288 | <u></u> . | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the lir</u> | nited liability company he | <u>re</u> : | |
| The new name must be distinguishable and end with the w-"L.L.C." | ords "Limited Liability Comp | any," the designation "I | LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | <u> </u> |
| (Principal office address MUST BE A STREET ADD | <u>PRESS)</u> | | - 2 8 2 |
| | | | SECRET |
| Enter new mailing address, if applicable: | | | G3 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| Transing manress 1971 BE711 CST CT TICE BOTT | | | PR 12 |
| | • | | 골걸 5 |
| B. If amending the registered agent and/or regi registered agent and/or the new registered office ad- | | our records, <u>enter t</u> | he name of the new |
| | | | |
| 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

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

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | | | |
|--|---|--|--|--|--|--|--|--|
| MGRM | Martha E. Sullivan | 1970 SW 33rd Ave. Miami, FL 33145 | ✓ Add Remove | | | | | |
| <u>MGRM</u> | Martha A. Suarez | 1970 SW 33 rd Ave Miami, FL 33145 | Add ☑ Remove | | | | | |
| | | | Add Remove | | | | | |
| | | | Add Remove | | | | | |
| | | | Zelige 31 | | | | | |
| D. If amendi | ng any other information, enter change(| s) here: (Attach additional sheets, if necessary.) | TAGE TO STATE OR T | | | | | |
| | | | - - - | | | | | |
| Dated | ng 30, 2009. Martha | aQuarz | - | | | | | |
| Signature of a member or authorized representative of a member Martha A. Suarez | | | | | | | | |
| Typed or printed name of signee | | | | | | | | |

Page 2 of 2

Filing Fee: \$25.00