

080000 70310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

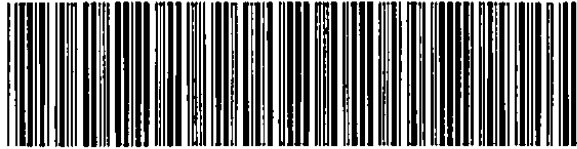
(Business Entity Name)

(Document Number)

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12/06/19--01010--009 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC -6 PM 5:35

FILED

Amend Name
chg

JAN 11 2020

I ALBRITTON

Virtual-Counseling.com

Enclosed Articles of Amendment and fee(s) are submitted for filing.

K. Patterson

Name of Person

Virtual-Counseling.com

Firm/Company

18495 S. Dixie Highway, #318

Address

Miami, Florida

City/State and Zip Code

KPatterson.LMHC@gmail.com

E-mail address: (to be used for future annual report notification)

Taterson Breske

305

807-1739

at (_____)

Name of Person

Area Code

Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

Virtual - Counseling.com, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 DEC -6 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Organization for this Limited Liability Company were filed on 07/22/2008 and assigned

document number 108000070310

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

Virtual-Counseling.com, LLC

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

Virtual-Counseling.com

Principal office address MUST BE A STREET ADDRESS

18495 S. Dixie Highway, Suite 318

Miami, Florida 33157

new mailing address, if applicable:

Virtual-Counseling.com

Mailing address MAY BE A POST OFFICE BOX

18495 S. Dixie Highway, Suite 318

Miami, Florida 33157

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:

Richard Tsang

New Registered Office Address:

18495 S. Dixie Highway, #318

Enter Florida street address

Miami

Florida 33157

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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.

Richard Tsang

If Changing Registered Agent, **Signature of New Registered Agent**

Removed from our records:

M = Manager

A = Authorized Member

| | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----|---------------------------------|---|--|
| | Ira Cohen, ATTY | | <input type="checkbox"/> Add |
| | | 19001 Old Cutler Road, #600 Miami, FL 33157 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| ger | Kristen Patterson (Name Change) | | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | Kristen Breske | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

1.

There is a space both before and after the hyphen "-" in the business name.

Please REMOVE the two (2) spaces around the hyphen.

***NEW Name: Virtual-Counseling.com

*** (Please correct to this name) ***

Old/Wrong Name: Virtual - Counseling.com

2.

I am the manager of Virtual-Counseling.com and married. My new last name is BRESKE.

Thank you!

07/22/2008

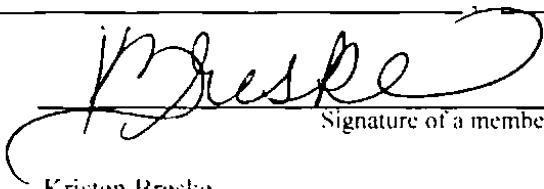
Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.

12/02/2019

ted



Signature of a member or authorized representative of a member

Kristen Breske

Typed or printed name of signee