108000994601

(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:
W12-50713

Office Use Only



100240011081

09/27/12--01028--008 **43.75

SECRETARY OF STATE

0CT 12 AM 9

D. BRUCE

OCT 15 2012

EXAMINER



October 3, 2012

ELLEN BACHMEYER 100 VIA ROYALE, #101 JUPITER, FL 33458

SUBJECT: ELLEN R. BACHMEYER, LCSW, LMT, LLC

Ref. Number: L08000099601

We have received your document for ELLEN R. BACHMEYER, LCSW, LMT, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 912A00024523

AFPROVED AND FILED

12 OCT 12 AM 9: 38

SECRETARY OF STATE TALL ARKSSET 5

COVER LETTER

Division of Corpo					
SUBJECT:	EN R BACHMA	HER LCSW LMT. L	<u> </u>		
	Name of Limit	led Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:		·	
	EIKN	BACHWYER Name of Person			
	Glier n	0.4	10 - 110		
	BIEN K.	BACHMESER LCSW, 1 Firm/Company	MIT, LLC		
	100 UH	A ROYALE #101			
		Address			
	15411	ER FL 33458			
	1 1	City/State and Zip Code			
	er bachi	MCYCL (A) A. MOIL CON	A A	12 C	
			, I	OCT CREET	<u> </u>
For further information col	ncerning this matter, please c	all;	200	海 TA	2
FILEN BI	ACHMESER Person	at (56/) 60/-769 Area Code & Daytime Tel	96		7
Name of	Person	Area Code & Daytime Tel	ephone Number	9: 3 9: 3	ς.
				를 & .	
Enclosed is a check for the	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 encl	losed)	
•					

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

EllEN R. BACHME	ER KCSW, LAT, LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L800099601</u> .	were filed on OCT 23, 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
FIEN R. BACHNEYER L. The new name must be distinguishable and end with the words "Limit	CSW, LLC
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	STO CAMPBELL AUE TO
(Principal office address MUST BE A STREET ADDRESS)	THE VILLAGES, FL FG &
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	32/62
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action	<u>n</u>
SC <u>CRETAL</u> Y	THOMAS J. BACHMEYER	100 VIA ROYALE, 4101 SUPVIER, EL 33458	⊠ Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
	· · · · · · · · · · · · · · · · · · ·		Add Remove	
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	12 OCT 12 AM 9: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILED
 Dated	2110 1	or authorized representative of a member	_ 	
	6. / 2	or printed name of signee		
	i ypeu (of printed hame of sixing		

Page 2 of 2

Filing Fee: \$25.00