



Florida Department of State

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To:

Division of Corporations

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Account Name : LEGALZOOM.COM INC.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TGA COUNSELING AND SOCIAL SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

10 SEP - 7 AM IO: O4

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Corporate Filing Menu

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G. MCLEOD

SEP 8 2010

EXAMINER

FAX COVER SHEET

TO		
COMPANY		
FAX NUMBER	18506176383 ,	
FROM	Barbara Dang	
DATE	9/7/2010 10:00:29 AM PDT	
RE	FL Amendment, LZ order #8874418	

COVER MESSAGE

Barbara Dang | Special Filings Specialist 323.962.8600 x217 | Fax 323.962.8300 | bdang@legalzoom.com<mailto:bdang@legalzoom.com> www.legalzoom.com<https://mail.apptix.net/owa/UrlBlockedError.aspx> | 7083 Hollywood Blvd., Suite 180, Los Angeles, CA 90028

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COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT: TGA COUNS	SELING AND SOCIAL	SERVICES, LLC		
50000011		d Liability Company)		
The enclosed Articles of Amer	ndment and fee(s) are submit	tted for filing.		
Please return all corresponden	ce concerning this matter to	the following:		
B	arbara Dang	(Name of Person)		
		(Name of Person)		
ي	egalzoom.com, Inc.			
		(Firm/Company)		
70	083 Hollywood Blyd.,	Suite 180		
(Address)				
Los Angeles, CA 90028				
(City/State and Zip Code)				
Parkata la Caratta a anno				
For further information concer	ming this matter, prease can.	•		
Berbara Dang		at (323) 962-8600	1	
(Name of Per	son)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for the fol				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	√ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, 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 10 SEP - 7 AM IO: 04
SLUBE HALL OF STABLANA SEE, FLURING

TGA COUNSELING AND SOCIAL SERVICES, LLC
(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 08/19/2010	and assigned	
Florida document number <u>L10000087162</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the w "L.L.C." B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	distered office address on our records		
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street address)		
	, Fl	orida	
-	(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)

: . . .

MGR = Manager

MGRM = Managing Member

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:

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
varior a de la co			Add Remove
			Add Remove
			Add
			Add Remove
D. If an	nending any other information, enter change Article V. The address of MGRM TRIC	e(s) here: (Attach additional sheets, if necessary.) CIA ANTONIO shall be:	
	10031 Pines Blvd., Suite 218, Pembro	oke Pines, FL 33024	_
Dated _	August 31 , 2019 The a Onto	or authorized representative of a member	····
	THOSE PARTOTIO	or printed name of signee	
	•	Page 2 of 2	

Filing Fee: \$25.00