

L11000107285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

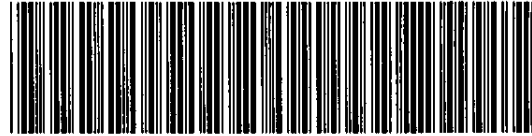
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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04/27/15--01007--011 **95.00

SECRETARY
FILING OFFICE

15 MAY 29 AM 9:02

name change

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bluewater Counseling, P.L.

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:

N. David Hubbard

Name of Person

Firm/Company

PO Box 5116

Address

Niceville, FL 32578

City/State and Zip Code

ndavidhubbard@cox.net

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

For further information concerning this matter, please call:

N. David Hubbard

850 8979796
at ()

Name of Person

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

SECRET
15 MAY 29 AM 9:02
FBI/TALLAHASSEE

5-29-15

TO: Diane Cushing

FROM: N. David Hubbard

Hi Diane I just called Sunbiz about the status of my amendment to change the name of my business from Bluewater Counseling, PL to N. David Hubbard, LMHC, PL and it was indicated that I initially submitted the wrong forms. You had sent the correct one's to my PO Box which I now have, hopefully, submitted correctly. I also submitted \$35.00 which you all still have. Thank you for assisting me.

David Hubbard

850-897-9796 (home phone)

850-279-4999 (fax)

ndavidhubbard@cox.net



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2015

N. DAVID HUBBARD
BLUEWATER COUNSELING, P.L.
P.O. BOX 5116
NICEVILLE, FL 32578

SUBJECT: BLUEWATER COUNSELING, P.L.
Ref. Number: L11000107285

We have received your document for BLUEWATER COUNSELING, P.L. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 615A00008620

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

Bluewater Counseling, P.L.

(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 Sept. 20, 2011 and assigned
Florida document number L11000107285

This amendment is submitted to amend the following:

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

N. David Hubbard, LMHC, P.L.

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

Enter new principal offices address, if applicable:

1593 Hwy. 393 South

(Principal office address MUST BE A STREET ADDRESS)

Santa Rosa Beach, FL 32459

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:

1593 Hwy. 393 South

Enter Florida street address

Santa Rosa Beach

, Florida 32459

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized 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"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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

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:

(b) The 90th day after the record is filed.

Dated 5/29/15

4:00PM

Signature of a member or authorized representative of a member

N. David Hubbard

Typed or printed name of signee

15 MAY 29 AM 9:03
STATIONARY
RECEIVED