

L11000114611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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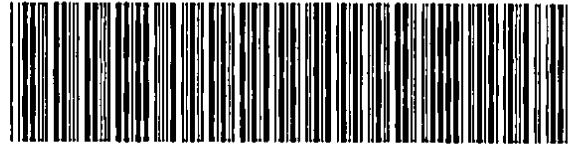
(Business Entity Name)

(Document Number)

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R. WHITE
FEB 20 2019

FILED
2019 FEB 15 PM 2:26
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESOLVE COMMUNITY COUNSELING OF COLLIER COUNTY, LL

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:

JOSEPH MIRABELLA

Name of Person

RESOLVE COMMUNITY COUNSELING OF COLLIER COUNTY

Firm/Company

2500 AIRPORT ROAD SOUTH SUITE 208

Address

NAPLES, FLORIDA 34112

City/State and Zip Code

joem.resolve5c@gmail.com

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

For further information concerning this matter, please call:

JOSEPH MIRABELLA

239

331-4774

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

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

FILED

2019 FEB 15 PM 2:26

RESOLVE COMMUNITY COUNSELING OF COLLIER COUNTY, LLC

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

OFFICE OF THE CLERK OF THE COURT
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 26, 2011 and assigned
Florida document number L11000114611.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

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:

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 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

Itemizing 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>
AMBR	KATHLEEN RODRIGUEZ	2500 AIRPORT ROAD SOUTH, SUITE 208, NAPLES FL 34112	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

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.


Signature of a member of

Signature of a member or authorized representative of a member

JOSEPH MIRABELLA

Filing Fee: \$25.00