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Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	

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## **COVER LETTER**

FO: Registration Se Division of Cor			
RESOLVE SUBJECT:	COMMUNITY COUNSELIN	G OF COLLIER COUNTY, LL	
OBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kathleen Rodriguez		
	RESOLVE COMMUNITY C	Name of Person COUNSELING OF COLLIER COUNTY	Υ
	2500 AIRPORT ROAD SO	Firm/Company UTH SUITE 208	<del> </del>
	NAPLES, FLORIDA 34112	Address	
	kathleenr.resolve5c@gmail.		
	E-mail address: (	to be used for future annual report notific	ration)
For further information of	oncerning this matter, please ca	all:	
Kathleen Rodriguez		239 331-4774	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee	S30.00 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



2020 JET 21 PH 5: 13

## 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)

The Articles of Organization for this Limited L	iability Company were filed on OCT	OBER 06, 2011	_ and assigned
Florida document number L11000114611	·		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liability company here:	:	
The new name must be distinguishable and contain the v	words "Limited Liability Company," the desig	mation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address on o	ur records, <u>enter tl</u>	ne name of the nev
Name of New Registered Agent:	Kathleen Rodriguez		
New Registered Office Address:	Enter Florida	street address	
		, Florida	Zip Code
	Сиу		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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joseph Mirabella	2500 AIRPORT ROAD SOUTH, SUITE 208, NAPLES FL 34112	
			Change
<u></u>			Add
			Remove
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Note: If the date inserted in this bloodocument's effective date on the Deptity of the record specifies a delayed		
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TO CO	JANUARY 1, 2020	
Note:	ive date, if other than the date of filing:	1207 1 as 1
the red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	r of:
Dated	January 1 2020.	
	Notation had Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00