

L12000004147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

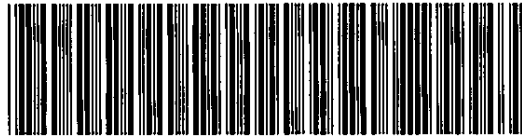
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ATLANTA, GEORGIA

JUN 11 2014
J. BRUCE

Tammy M. Morath, LMHC
P.O. Box 2672
Valrico, FL 33594
813-419-0049

June 6, 2014

Division of Corporations
Attn: Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

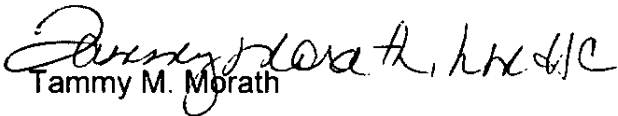
Re: Tammy Morath, R-MHC, LLC

Dear Sir/Madam:

Enclosed herein, please find the completed Articles of Amendment as well as my check for the processing fee of same. I have requested a Certificate of Status as well be returned. Should you have any questions, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Sincerely,


Tammy M. Morath

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TALLAHASSEE FLORIDA
CLERK OF CIRCUIT COURT

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Tammy Morath, R-mhc, LLC
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:

Tammy Morath, Lmhc
Name of Person

Firm/Company

PO Box 2672
Address

Valrico FL 33595
City/State and Zip Code

moratht@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Morath at (813) 419.0049
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

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2014 JUN -9 PM 4:05
TALLAHASSEE, FL
CLERK OF STATE

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

Tammy Morath, L-mHC, 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 1/10/12 and assigned
Florida document number 42000004147.

This amendment is submitted to amend the following:

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

Tammy Morath, LmHC, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Same
(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

Same
(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:

no changes
Enter Florida street address

City

Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			☐ Add
			☐ Remove
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No Change

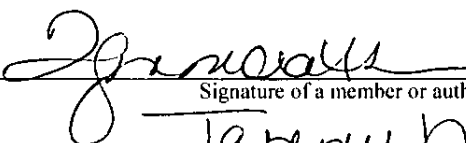
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JANESVILLE, WISCONSIN

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: 6.4.2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6.6, 2014.



Signature of a member or authorized representative of a member

Taremy Morath

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA