

L13000042483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

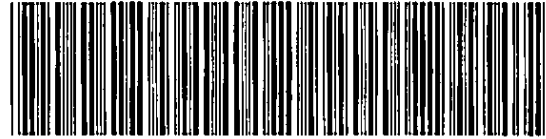
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

US
10-1-18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2018

AMANDA NIXON
444 SEABREEZE BLVD #730
DAYTONA BEACH, FL 32118 US

SUBJECT: INTEGRATIVE CRISIS MANAGEMENT, LLC
Ref. Number: L13000042483

We have received your document for INTEGRATIVE CRISIS MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 518A00016970

2018 SEP -4 PM 2:59

RECEIVED

8/27/2018

Articles of Amendment Rev. PNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrative Crisis Management, 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:

Amanda Nixon
Name of Person

Integrative Crisis Management, LLC
Firm/Company

444 Seabreeze Blvd., #730
Address

Daytona Beach, FL 32118
City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Nixon at 386 444-9191
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

Already paid \$35.00

☐ \$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

8/27/2018

Articles of Amendment Rev. Page 2.PNG

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

Integrative Crisis Management, 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 March 21, 2013 and assigned Florida document number L13000042483

This amendment is submitted to amend the following:

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

Laurel Oaks Counseling, LLC
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 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

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

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E. 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 505.0207 (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 August 27, 2018

Signature of a member or authorized representative of a member

~~Amanda Nixon~~

Typed or printed name of signer