

L13 000085979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

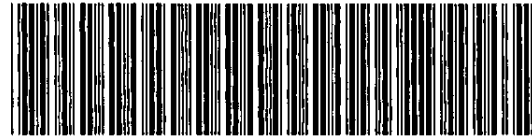
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MILWAUKEE, FLORIDA

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TO: Registration Section
Division of Corporations

Touchpoint Counseling & Consulting, LLC

SUBJECT: _____
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:

Diane E. Lawrence

Name of Person

Touchpoint Counseling & Consulting, LLC

Firm/Company

413 Ventura Dr.

Address

Oldsmar, FL 34677

City/State and Zip Code

diane.lawrence@verizon.net

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

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TALLAHASSEE, FL 08/01/13

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For further information concerning this matter, please call:

Maria Gabriela Cotter

727 422-1397

at ()

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TO
ARTICLES OF ORGANIZATION
OF

Touchpoint Counseling & Consulting, 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 June 13, 2013 and assigned
Florida document number L13000085979.

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 end with 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 608, 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

or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Diane E. Lawrence	413 Ventura Dr.	<input type="checkbox"/> Add
		Oldsmar, FL	<input checked="" type="checkbox"/> Remove
MGRM	Maria G. Cotter	310 Manatee Lane	<input type="checkbox"/> Add
		Tarpon Springs, FL 34677	<input checked="" type="checkbox"/> Remove
MGR	Diane E. Lawrence	413 Ventura Dr.	<input checked="" type="checkbox"/> Add
		Oldsmar, FL	<input type="checkbox"/> Remove
MGR	Maria G. Cotter	310 Manatee Lane	<input checked="" type="checkbox"/> Add
		Tarpon Springs, FL 34677	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 310th DIST OF STATE
 TALLAHASSEE, FL 32310

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

Dated July 26, 2013.

M Gabriela Cotter

Signature of a member or authorized representative of a member

Maria Gabriela Cotter

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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