

L13000113394

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lake Mary Psychiatry and Counseling, 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:

Harold E. Wolfe, Jr., Esq.

Name of Person

Harold E. Wolfe, Jr., P.A.

Firm/Company

2300 Palm Beach Lakes Blvd., Suite 302

Address

West Palm Beach, FL 33409

City/State and Zip Code

hewjrlaw@comcast.net

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

For further information concerning this matter, please call:

Harold E. Wolfe, Jr., Esq. at 561 697.4100

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
18 NOV 12 PM 11:30

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

Lake Mary Psychiatry and Counseling, 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 August 9, 2013 and assigned
Florida document number L13000113394.

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)

305 Waymont Court, Suite 111

Lake Mary, FL 32746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

305 Waymont Court, Suite 111

Lake Mary, FL 32746

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:

Lisa Krotenberg (only a zip code change)

New Registered Office Address:

305 Waymont Court, Suite 111

Enter Florida street address

Lake Mary

City

, Florida 32746

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

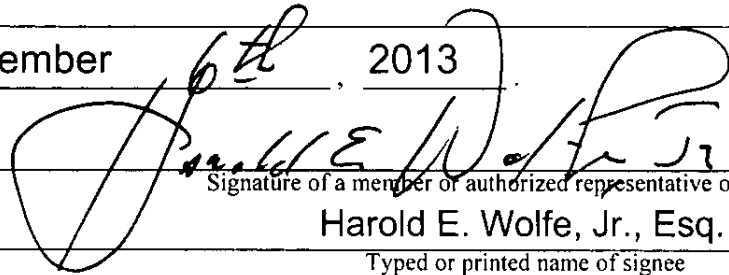
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jeffrey A. Krotenberg	305 Waymont Court	<input type="checkbox"/> Add
		Suite 111	<input type="checkbox"/> Remove
		Lake Mary, FL 32746	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

The purpose of this amendment is to correct the zip code
for the above addresses.

Dated November 6th, 2013



Signature of a member or authorized representative of a member

Harold E. Wolfe, Jr., Esq.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 NOV 12 AM 11:30
TALLAHASSEE, FLORIDA