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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CS SUNBIZ, LLC
Account Number : I20040000164
Phone : (407)691-5600
Fax Number : (407)691-5620

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELIZABETH GOROVITZ, INDIVIDUAL AND RELATIONSHIP COUN**

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August 5, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ELIZABETH GOROVITZ, INDIVIDUAL AND RELATIONSHIP COUNSEL
215 N. EOLA DRIVE
ORLANDO, FL 32801

SUBJECT: ELIZABETH GOROVITZ, INDIVIDUAL AND RELATIONSHIP COUNSELING
SERVICES, LLC
REF: L14000029887

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until quality has been improved.

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If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000261750
Letter Number: 520A00014629

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELIZABETH GOROVITZ, INDIVIDUAL AND RELATIONSHIP COUNSELING SERVICES, 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:

Elizabeth Gorovitz

Name of Person

ELIZABETH GOROVITZ, INDIVIDUAL AND RELATIONSHIP COUNSELING SERVICES, LLC

Firm/Company

1850 Lee Road, Suite 103

Address

Winter Park, Florida 32789

City/State and Zip Code

egorovitzlmft@gmail.com

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

20-08-07 11:34

For further information concerning this matter, please call:

Elizabeth Gorovitz

at (407) 701-6441

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

(((H2000026

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H2000026

ELIZABETH GOROVITZ, INDIVIDUAL AND RELATIONSHIP COUNSELING SERVICES, 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 February 20, 2014 and as Florida document number L14000029887.

This amendment is submitted to amend the following:

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

RELATIONSHIPS MATTER COUNSELING, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "l

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
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

11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person
or removed from our records:

((H20000261

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
_____	_____	_____	<input type="checkbox"/> Ad
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Ch
		_____	<input type="checkbox"/> Ac
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Ch
		_____	<input type="checkbox"/> Ac
		_____	<input type="checkbox"/> Re
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		_____	<input type="checkbox"/> Ad
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		_____	<input type="checkbox"/> Cha
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		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Cha
		_____	<input type="checkbox"/> Ad
		_____	<input type="checkbox"/> Re
		_____	<input type="checkbox"/> Cha

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

effective date, if other than the date of filing. _____ (specify)
 (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 60

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August 4, 2020

Elyse Guff
Signature of a member

Signature of a member or authorized representative of a member

Elizabeth Gorovitz, Manager

Typed or printed name of signee