

L14000062078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



000260208750

05/20/14--01006--010 **25.00

FILED
14 MAY 20 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6:00 PM MAY 29 2014

HUGS Therapy

407-791-1900

866-816-8621 fax

DOC # L14000062078

May 9, 2014

Re: Florida Department of State Change Notice

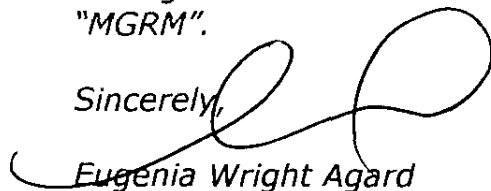
Mailing address for account:

2423 Aurora Ct.
Kissimmee, FL 34744

To Whom it May Concern,

Please be advised that the original request for "Title" recorded in error of MRS and not MGRM. I have completed the forms required by your department attached. Please change this in the system as I am manager and owner of this company and I understand title should read "MGRM".

Sincerely,



Eugenia Wright Agard

Registered Mental Health Counselor Intern

HUGS - Healing Understanding Guiding and Supportive Services

Enc: Supporting Docs attached
\$25 Filing fee

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUGS Therapy 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:

EUGENIA Agard

Name of Person

HUGS Therapy Services LLC

Firm/Company

2423 Aurora Ct

Address

Kissimmee, FL 34744

City/State and Zip Code

LordImLIVING4U@aol.com

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

For further information concerning this matter, please call:

EUGENIA Agard

Name of Person

at (917) 602-1454

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

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

HUGS Therapy 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 4-16-14 and assigned Florida document number L14000062078.

This amendment is submitted to amend the following:

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

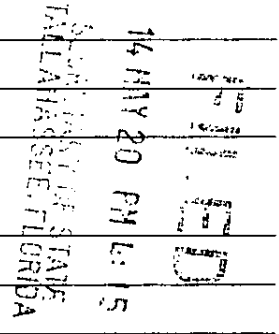
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 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>
MRS			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Eugenia Agard	2423 Aurora Ct	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

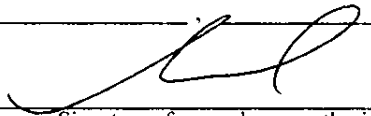
RECEIVED
14 MAY 20 PM 1:15
FLORIDA STATE
MILAN ASSOCI FLORIDA

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: _____ **(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 _____



Signature of a member or authorized representative of a member

Eugenia Agard

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 MAY 20 PM 4:15
SECOND JURY OF STATE
TALLAHASSEE, FLORIDA