

·* ···•	
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
E	MERALD COAST COUNSELING AND ASSOCIATES, PLLC

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

: (323)962-3889

Fax Number

Email Address:\_\_\_

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

T. CLINE

P

æ 52



Electronic Filing Menu Corporate Filing Menu

Help

.....

90 :01 X V

ŗ

۰.

 $\sim$ 

## COVER LETTER

	istration Sec ision of Corj						
<b></b>	EMERALI	D COAST COUNSELING	AND ASSOCIATES, PLLC				
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	I Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	klence concerning this matter	to the following:				
Cheyenne Moseley							
			Name of Person				
		Legalzoom.com. Inc.					
		<u></u>	Firm:Company				
	101 N. Brand Blvd., 11th Floor Address						
						20	
	Giendale, CA 91203					2015 JAN	
	City/State and Zip Code				Ťź -	 	
		veramae@ectherapy.com				$\ddot{\omega}$	
E-mail address: (to be used for future annual report notification)					μV		
For further in	nformation co	succruing this matter, please ca	all:		0	æ	( <u> </u>
Cheyenne l	Moseley		800 773-0888 e	ext. 9724		52 2	
	Nume of	Person	Area Code Daytim	e Telephone Number			
Enclosed is r	a check for th	e following amount:					
□ 525.00 F	Tiling Fee	□ 530.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Statu		

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 Tallabassee, FL 32301

\_ and assigned

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### EMERALD COAST COUNSELING AND ASSOCIATES, PLLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/28/2014

Florida document number 1.14000068949

This amendment is submitted to amend the following:

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

Emerald Coast Collaborative Solutions LLC

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

#### 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)

	~	
<u> </u>	2019	
 2	JAN	
	27. · · ·	-
 		_:
 <u> </u>	<u> </u>	
يونين روانين		Ť.
		-
 	ຼ ທຸ	

B. If amending the registered agent and/or registered office address on our records, enter the nameNof the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	hess
		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

Page 1 of 3

٠

1/3/2019 6:46.23 AM PST

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

# MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Vera Mae Laver	151 Mary Esther Blvd STE 507	<b>12</b> Add
		Mary Esther, Florida 32569	Remove
			Add
			CRemove
	. <u></u>		C Add
		1 	20 Minove
			Add Remove
			Add Remove
			I Renave

,

.

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

(optional) Dated \_ 1 12 member or authorized representative of a member Si David A. Silvers Typed or printed name of signee

2019 JAN -3 AH 8: 52

Page 3 of 3

Filing Fee: \$25.00-