

L140000085967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T SCHROEDER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dynamic Counseling Center, 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:

Grace Marquez

Name of Person

Dynamic Counseling Center, LLC

Firm/Company

2424 West Oakland Park Boulevard

Address

Oakland Park, FL 33311

City/State and Zip Code

grace@dynamiccounselingllc.com

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

For further information concerning this matter, please call:

Grace Marquez

954 228-4756  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Dynamic 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 5/28/2014 and assigned  
Florida document number L14000085967.

This amendment is submitted to amend the following:

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

Dynamic Counseling Center, LLC

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:**

2424 West Oakland Park Boulevard

**(Principal office address MUST BE A STREET ADDRESS)**

Oakland Park, FL 33311

**Enter new mailing address, if applicable:**

2424 West Oakland Park Boulevard

**(Mailing address MAY BE A POST OFFICE BOX)**

Oakland Park, FL 33311

**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:

2424 West Oakland Park Boulevard

Enter Florida street address

Oakland Park

City

, Florida 33311

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**

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TALLAHASSEE, FLORIDA

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>
AMBR	Rachel B. Simpson	1033 NE 17 Way, #203	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33304	<input checked="" type="checkbox"/> Remove
MGR	Rachel B. Simpson	2424 W. Oakland Park Boulevard	<input checked="" type="checkbox"/> Add
		Oakland Park, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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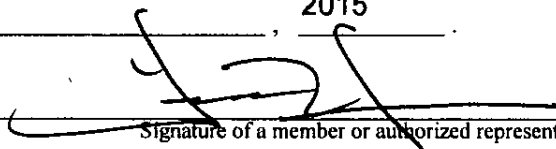
**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A

**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 April 7, 2015



Signature of a member or authorized representative of a member

**Grace Marquez**

Typed or printed name of signee

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Filing Fee: \$25.00

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