L 14 000126327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

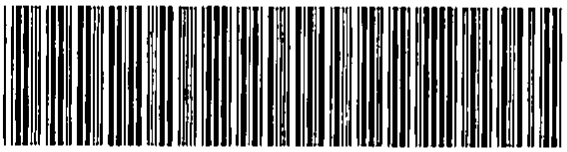
(Business Entity Name)

(Document Number)

rtified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2013 DEC 18 PM 2:20

COVER LETTER

Registration Section
Division of Corporations

CT: Ark Counseling, LLC
Name of Limited Liability Company

closed Articles of Amendment and fee(s) are submitted for filing.

return all correspondence concerning this matter to the following:

Shiju Varghese
Name of Person

Ark Counseling, LLC
Firm/Company

15742 Murcott Harvest Loop
Address

Winter Garden, FL 34787
City/State and Zip Code

vargheses@gmail.com
E-mail address: (to be used for future annual report notification)

urther information concerning this matter, please call:

i Varghese at (973) 229-3503
Name of Person — Area Code — Daytime Telephone Number

osed 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

2019 DEC 18 PM 2:20

Ark Counseling, LLC

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

rticles of Organization for this Limited Liability Company were filed on 08/12/2014 and assigned
document number L14000126327.

nendment is submitted to amend the following:

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

r Counseling, LLC

name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

ipal office address MUST BE A STREET ADDRESS)

new mailing address, if applicable:

ng address MAY BE A POST OFFICE BOX)

amending the registered agent and/or registered office address on our records, enter the name of the new registered 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*

egistered Agent's Signature, if changing Registered Agent:

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ny has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

moved from our records:

R = Manager
BR = Authorized Member

	Name	Address	Type of Action
___	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
___	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
___	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
___	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
___	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
___	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

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

'ective date, if other than the date of filing: _____ (optional)

n 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 605.0207 (3)(b)
ıte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.

ted December 16, 2019

Signature of a member or authorized representative of a member

Shiju Varghese

Typed or printed name of signee

Filing Fee: $25.00