Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000070653 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone : (855)498-5500

Fax Number

: (800)432-3622

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

Fma41	Address:			
EM911	AUDICESS:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH STAR COUNSELING OF CENTRAL FLORIDA LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

Help

FEB 2 - 2 -- 3

Electronic Filing Menu Corporate Filing Menu

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H23000070653

(Name of the Lim				
	dted Liability Company as it now appears on our record (A Florida Limited Liability Company)	1.)		
he Articles of Organization for this Limited I	Liability Company were filed on 10/15/2014	ar	nd assigned	i
lorida document number L14000160934				
his amendment is submitted to amend the fol	llowing:			
. If amending name, enter the new name	of the limited liability company here:			
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	or the abbreviati	on "L.L.C."	_
Inter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE.	ET ADDRESS)			
inter new mailing address, if annlicables				
• • • • • • • • • • • • • • • • • • • •				_
•	E BOX)	\ <u>\</u>	20	_
•	<u> </u>	\	2013 8	_
Mailing address MAY BE A POST OFFICE		the name of th	<u></u>	
Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or	registered office address on our records, enter	the name of th	e new regi	is
Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or	registered office address on our records, <u>enter</u> ess here:	the name of th	ie new regi	-
Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or	registered office address on our records, enter	the name of th	ne new ress	-
Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or gent and/or the new registered office address  Name of New Registered Agent:	registered office address on our records, <u>enter</u> ess here:	the name of th	ie new regi	-
Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and/or agent and/or the new registered office address	registered office address on our records, enteress here:  Capitol Corporate Services, Inc.		ie new regi	
Name of New Registered Agent:	registered office address on our records, enteress here:  Capitol Corporate Services, Inc.  515 E. Park Avenue, 2nd Floor  Enter Florida street address		Is file new ress	- - -

## 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.

Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member H23000070653

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wilson G Villanucva	2031 The Oaks Blvd., Kissimmee, FL 34746	□Add
			= Remove
			□ Change
MGR	Omayra Villanueva	2031 The Oaks Blvd., Kissimmee, PL 34746	□Add
			ERemove
		<del></del>	□ Change
MGR	Kristi Shain	508 Autumn Springs Ct. Ste 2A, Franklin, TN 37067	<b>=</b> Add
			□ Remove
			Change
MGR	Chad Lanning	508 Autumn Springs Ct. Ste 2A, Franklin, TN 37067	\begin{align*} \be
			CRemove
			□Change
MGR	Scott Martin	508 Autumn Springs Ct. Ste 2A, Franklin, TN 37067	= Add
			PRemove
			□Change
			□Add
		<del></del>	□Remove
			□Change

H23000070653

Counseling and any other lawf	ul numose				
<del></del>		· · · · ·		-	
					<del></del>
		<del></del>			
					<del></del>
	··				
	_				
ffective date, if other than the d an effective date is listed, the date must b lote: If the date inserted in this bloc ocument's effective date on the Dep	e specific and cannot be k does not meet the	applicable statuto	ing or more than 90 da	(optional) ys after filing.) Pursuant its, this date will not b	το 605.0207 (3 be listed as th
record specifies a delayed effective of is filed.	late, but not an effec	tive time, at 12:0	l a.m. on the earlies	of: (b) The 90th da	y after the
ated February 23,	, 2023	·			
/s/ Chad Lanning	gnature of a member o				

Filing Fee: \$25.00

H23000070653