

L15000007395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

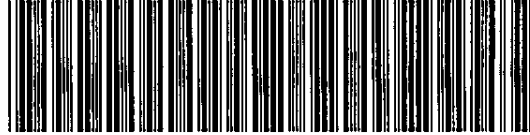
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amended

Office Use Only



900269143759

02/06/15--01022--020 **25.00

FILED
15 JAN -6 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED FEB 13 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MENTAL HEALTH COUNSELING OF SOUTH FLORIDA 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:

ANTIONE ROUSE

Name of Person

MENTAL HEALTH COUNSELING OF SOUTH FLORIDA LL

Firm/Company

6921 NW 45TH COURT

Address

LAUDERHILL, FL 33319

City/State and Zip Code

TOSUINC@GMAIL.COM

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

For further information concerning this matter, please call:

ANTIONE ROUSE

954

695-1258

Name of Person

at (_____) _____
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

MENTAL HEALTH COUNSELING OF SOUTH FLORIDA LLC

Page 1 of 3

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>
MGR	ROUSE, ANTIONE	6921 NW 45TH COURT	<input type="checkbox"/> Add
		LAUDERHILL, FL 33319	<input checked="" type="checkbox"/> Remove
MGRM	ROUSE, ANTIONE	6921 NW 45TH COURT	<input checked="" type="checkbox"/> Add
		LAUDERHILL, FL 33319	<input type="checkbox"/> Remove
MGR	CAROL JOHNSON	9420 SUNRISE LAKES BLVD	<input checked="" type="checkbox"/> Add
		APT 103	<input type="checkbox"/> Remove
		SUNRISE, FL 33322	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
15 JAN -6 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, 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 Feb 2, 2015

Antione Rouse

Signature of a member or authorized representative of a member

Antione Rouse

Typed or printed name of signee

FILED
15 JAN -6 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA