L15000007395

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TALLAHASSEE. FLORIDA

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COVER LETTER

TO: Registration Sec Division of Corp			
MENTAL SUBJECT:	HEALTH COUNSELI	NG OF SOUTH FLORIDA	LLC
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	ANTIONE ROUSE		
		Name of Person	
	MENTAL HEALTH	COUNSELING OF SOUTH	I FLORIDA LL
		Firm/Company	
	6921 NW 45TH CO	URT	
		Address	
	LAUDERHILL, FL 3	3319	
		City/State and Zip Code	·
	TOSUINC@GMAIL.(JOM to be used for future annual report notice	fication)
For further information co	oncerning this matter, please c	·	
ANTIONE ROUSE		954 695-1258	
Name of Person		at ()	e Telephone Number
Enclosed is a check for th	_		
■ \$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)
Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ix 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MENTAL HEALTH COUNSELING OF SOUTH FLORIDA 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 Liab	ility Company were filed on 01/13/2015	and assigned
Florida document number L15000007395		
This amendment is submitted to amend the following	ing;	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	SECHETIAN SECOND
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our record e address here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	ss
_		lorida
	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

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>	Address	Type of Action
MGR	ROUSE, ANTIONE	6921 NW 45TH COURT	Add
		LAUDERHILL, FL 33319	■ Remove
MGRM	ROUSE, ANTIONE	6921 NW 45TH COURT	Add
		LAUDERHILL, FL 33319	□ Remove
MGR	CAROL JOHNSON	9420 SUNRISE LAKES BLVD	A dd
		APT 103	□ Remove
		SUNRISE, FL 33322	
			Add
			Remove SECRETANIO Add H Linove Reinove Reinove Reinove
			□ Add

				_	
					
				_	•
Effective date, if	other than the date of	filing:	(optional) nd cannot be more than 90 days after		
the date this documen	nt is filed by the Florida Dep	eartment of State)	nd cannot be more than 90 days after		
Dated <u>Feb</u>		<u>, 2015</u> .			
	anta I		resentative of a member		
	Signatur	e of a member or authorized repr	resentative of a member		_
	An tione	Rouse	fsignee		
		Tunad or printed name of	teinne		
		Typed or printed name of	f signee		
		Typed or printed name of	f signee	TAL	^

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Filing Fee: \$25.00