

L1500020749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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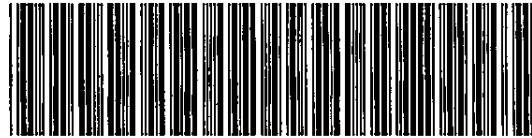
(Business Entity Name)

(Document Number)

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2017 JAN 12 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JAN 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovation Counseling Center
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:

Angela Malone
Name of Person

Innovation Counseling Center
Firm/Company

9951 Atlantic Blvd 442
Address

Jacksonville, FL 32225
City/State and Zip Code

Amalone@icc-transform.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Malone at (904) 327-4261
Name of Person 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INNOVATION COUNSELING CENTER, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L15000020749

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9951 Atlantic Blvd 442
JACKSONVILLE, FL 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9951 Atlantic Blvd 442
JACKSONVILLE, FL 32225

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: _____

Enter Florida street address

_____, Florida _____

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Angela Malone</u>	<u>9951 Atlantic Blvd 442</u>	☐ Add
		<u>Jacksonville, FL 32225</u>	☐ Remove
			☒ Change
<u>MGR</u>	<u>Alexis Thomas</u>	<u>9951 Atlantic Blvd 442</u>	☒ Add
		<u>Jacksonville, FL 32225</u>	☐ Remove
			☐ Change
<u>AMBR</u>	<u>Zariah Malone</u>	<u>9951 Atlantic Blvd 442</u>	☐ Add
		<u>Jacksonville, FL 32225</u>	☐ Remove
			☒ Change
<u>AMBR</u>	<u>Juan Deas</u>	<u>9951 Atlantic Blvd 442</u>	☒ Add
		<u>Jacksonville, FL 32225</u>	☐ Remove
			☐ Change
			☐ Remove
			☐ Change

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2021 JAN 12 PM 4:02
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TALLAHASSEE, FLORIDA

2017 JAN 12 PM 4:07
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TALLAHASSEE, FLORIDA

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2017 JAN 12 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an 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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 30, 2019.

Angela Malone

Signature of a member or authorized representative of a member

Angela Malone
(Typed or printed name of signee)

Typed or printed name of signee