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INTEGRATED COUNSELING & MEDIATION SERVICES LLC SUBJECT: 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: MIRTA MARTINEZ Name of Person Firm/Company 801 INTERNATIONAL PARKWAY 5TH FLOOR Address LAKE MARY, FL 32746 City/State and Zip Code M.MARTINEZ0179@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 989-0025 407 MIRTA MARTINEZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & □ \$30,00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

TO ARTICLES OF ORGANIZATION OF

INTEGRATED COUNSELING & MEDIATION SERVICES 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	Liability Company were filed on	05/21/2015	and assign
Florida document number L15000077042			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	<u>/ here</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
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Enter now mailing address if applicable		:	- 3 - 3 - 3 - 1
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(Mailing address MAY BE A POST OFFICE	<u> </u>		
		·	. 10
B. If amending the registered agent and/or agent and/or the new registered office addr	—	ir records, <u>enter the nam</u>	e of the new reg
Name of New Registered Agent:	MIRTA MARTINEZ		
New Registered Office Address:	801 INTERNATIONAL PAR	KWAY 5TH FLOOR	
Enter new principal offices address, if app (Principal office address MUST BE A STRE Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office add	Enter	Florida street address	
	LAKE MARY	, Florida ³²	746
	City	, 1101164	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 will 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of A
AMBR	RANDI WOODS	801 INTERNATIONAL PARKWAY 5TH FLOOR	= Add
		LAKE MARY, FL 32746	□Remove
			□Change
			□ Add
			⊡Renюve
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Note: If the d	e, if other than thate is listed, the date mutate inserted in this before the listed attention the listed in the listed in the listed attention the listed in the listed in the listed attention the listed in the l	olock does not i	meet the applic	cable statutoi	ng or more than y filing requir	(option 90 days after coments, this	onal) filing.) Pur date will	suant to 6 not be li	(15.0 isted
e record specif rd is filed.	ies a delayed effecti	ve date, but no	t an effective t	ime, at 12:0)	a.m. on the e	arlier of: (b)	The 90	th day af	ler t
Dated	8/25		2021	· ·					
			>/2						
		- Min	member or auth						

Filing Fee: \$25.00