# 15000150633

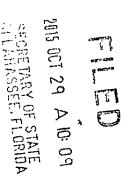
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PICK-UP	☐ WAIT	MAIL
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## COVER LETTER

TO: Registration Se Division of Cor			•	
	ange Therapy LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	William Rodriguez Jr.			
		Name of Person	<u>-</u> _	
	Guiding Change Therpy L	LC		
Firm/Company				
	1916 Wyndham Dr.			
	Address			
	Sarasota, FL 34235			
		City/State and Zip Code		
	w.rodriguez.msw@gmail.co			
	E-mail address: (	to be used for future annual report notifi	ication)	
For further information co	oncerning this matter, please co	all:		
William Rodriguez Jr.		908 581-5574 at ( )		
Name of	f Person		Telephone Number	
Enclosed is a check for the	ne 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

Guiding Change Therapy LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on September 2, 2015	and assigned
lorida document number L15000150633	·	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
Guiding Change Psychotherapy LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or reg		iter the name of the
egistered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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 Agen

or removed from our records:  MGR = Manager  AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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Note: If	e date, if other than tive date is listed, the date if the date inserted in thint's effective date on the	is block does not be Department of byed effective	meet the applicable	statutory filing requ	irements, this d	ate will not b	e listed as
		record is filed	l <u>.</u>				
The 9	90th day after the October 27	record is filed	2015				
The 9	90th day after the	record is filed			AG G	2192	Tree.
The 9	90th day after the			d representative of a m	nember 22		.25
The 9	90th day after the	Sigfrature of a	, 2015	l representative of a m		15 OCT 29	
The 9	October 27	Sigfrature of a	, 2015		SSE SSE SSE SSE SSE SSE SSE SSE SSE SSE		

**Filing Fee: \$25.00**