

L16 0000 57803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

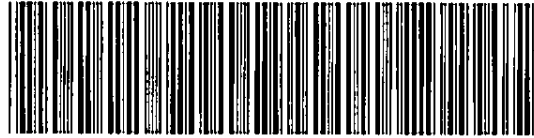
(Business Entity Name)

(Document Number)

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2022 FEB -3 PM 3 16  
SECRETARY OF STATE

SIMMONS

MAR 24 2022



RECEIVED

2022 FEB -3 AM 7:57

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FL

January 23, 2022

SABRA E. LUNDAY  
1107 E. SILVER SPRINGS BLVD  
UNIT 4  
OCALA, FL 34470

SUBJECT: FROM THE HEART COUNSELING SERVICES, LLC  
Ref. Number: L16000057803

We have received your document for FROM THE HEART COUNSELING SERVICES, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 422A00001767

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** From the Heart Counseling Services 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:

Sabra E. Lunday

Name of Person

From the Heart Counseling Services PLLC

Firm/Company

1107 E. Silver Springs Blvd., Unit 4

Address

Ocala, Florida 34470

City/State and Zip Code

fromtheheart2014@fromtheheartcounselor.com

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

For further information concerning this matter, please call:

Shonda Swain-Peaks

305 793-6245

at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

From the Heart Counseling Services LLC

2022 FEB -3 PM 3:17

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

(A Florida Limited Liability Company)

STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/22/2016 and assigned  
Florida document number L16000057803.

This amendment is submitted to amend the following:

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

From the Heart Counseling Services PLLC

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)**

1107 E. Silver Springs Blvd.

Unit 4

Ocala, FL 34470

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

16295 SE 92nd Avenue

Summerfield, Florida 34491

**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**

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We provide the following counseling services:  
substance and process addictions, Mental  
health, individual, Couple, family  
and group sessions

E. Effective date, if other than the date of filing: 01/11/2022 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 January 11th 2022

Sabra E. Lunday  
Signature of a member or authorized representative of a member

Sabra E. Lunday

Typed or printed name of signee