

L16000187646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600296408306

03/10/17--01017--025 **25.00

FILED
2017 MAR 10 PM 2:56
MAR 10 2017

M. MILLIGAN
MAR 13 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All About You Counseling 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:

Joyce Lampert

Name of Person

All About You Counseling LLC

Firm/Company

2001 Palm Beach Lakes Blvd #502E

Address

West Palm Beach, FL 33409

City/State and Zip Code

joycelampert^{LLSW}@gmail.com

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

For further information concerning this matter, please call:

Joyce Lampert

561 307-1966
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2017 MAR 10 PM 2:56
and assigned

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

~~and assigned~~

Page 1 of 3

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

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.

Dated 3/6/17, _____

Signature of a member or authorized representative of a member
Joyce Lampert
Typed or printed name of signee

Filing Fee: \$25.00

FILED
2017 MAR 10 PM 2:56
SAC, NEW YORK
NEW YORK
MAR 10 2017