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AUG 30 2017

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## COVER LETTER

TO: Registration Section  
Division of Corporations

Karen Palpant, LMHC

SUBJECT:

Ormond by the Sea Counseling, PLLC  
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:

Karen Palpant, LMHC  
Name of Person

Ormond by the Sea Counseling, PLLC  
Firm/Company

194 E. Granada  
Address

Ormond Beach, FL 32176  
City/State and Zip Code

Karen.palpant@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Palpant at (386) 871-0365  
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**

Karen Palpant LMHC Ormond Beach  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company) Counseling Center

The Articles of Organization for this Limited Liability Company were filed on 01-09-2017 and assigned Florida document number EIN 81-4903053

This amendment is submitted to amend the following:

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

Karen Palpant, LMHC Ormond by the Sea Counseling, 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)**

194 E. Granada  
Ormond Beach, FL 32176

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

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

Same as above

**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:**

194 E. Granada  
Enter Florida street address  
Ormond Beach, Florida  
City Zip Code  
32176

**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.*

K. Palpant  
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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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FLORIDA  
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ANNASSEE, FLORIDA

17 AUG 28 AM 11:49  
#11 CRASSEE. FLORIDA

Sept 1 2017

**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**

8-24 2017

Signature of a member or authorized representative of a member

Karen Palpant  
Typed or printed name of signer