

L170000 036 419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

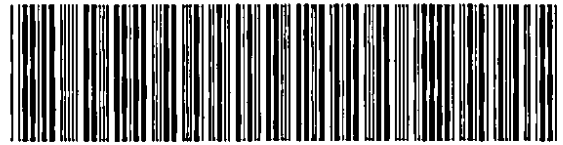
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 20 2019

CAC

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Exploration Counseling: Therapy & Behavior Modific  
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:

Tatessica Cooley

Name of Person

Exploration Counseling: Therapy & Behavior Modification Services, LLC

Firm/Company

5331 Primrose Lake Circle, Suite 115

Address

Tampa, FL 33647

City/State and Zip Code

tatessica@explorationcounseling.com

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

For further information concerning this matter, please call:

Tatessica Cooley

813

399-4605

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                                                  |                                                                                                                            |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Exploration Counseling: Therapy & Behavior Modification 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 2/15/17 and assigned  
Florida document number L17000036419.

This amendment is submitted to amend the following:

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

Exploration Counseling LLC

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:**

5331 Primrose Lake Circle

**(Principal office address MUST BE A STREET ADDRESS)**

Suite 115

Tampa, FL 33647

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

5331 Primrose Lake Circle

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

Suite 115

Tampa, FL 33647

**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:

5331 Primrose Lake Circle, Suite 115

*Enter Florida street address*

Tampa

*City*

Florida 33647

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tatessica Cooley	5331 Primrose Lake Circle, Suite 115 Tampa, FL 33647	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 July 8, 2019

Tatessica Cooley

**Page 3 of 3**  
**Filing Fee: \$25.00**