L17000066128

(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:

LLC NC/amend.

Office Use Only

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2025 JUN 20 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mel
8-12-25

IMAGE & LIKENESS COUNSELING

Mirella Caro-Cortes, MS, LMHC, NCC, CCTP

June 10, 2025

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2025 JUN 20 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sunbiz Team,

I am writing to request an amendment to update the principal office address for our business entity on file. Please process this change at your earliest convenience.

Additionally, I kindly request confirmation once the amendment has been completed be mailed to 1035 Lake Rogers Cir, Oviedo, FL or emailed to mrsmcc0518@gmail.com.

Thank you for your assistance.

Sincerely,

Mirella Caro-Cortes MS, LMHC, NCC, CCTP
Lic. Number: MH14940
Office# 407.803.4717

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Image and Likeness 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:

Mirella Caro-Cortes
Name of Person

Image and Likeness Counseling LLC
Firm/Company

1035 Lake Rogers Cir
Address

Oviedo, FL 32765
City/State and Zip Code

mrsmcc0518@gmail.com
E-mail address: (to be used for future annual report notification)

2025 JUN 20 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mirella Caro-Cortes at (407) 810-4471
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

IMAGE & LIKENESS COUNSELING 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 Apr 14, 2025 and assigned Florida document number L17000066128.

2025 JUN 20 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

Image and Likeness 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:
(Principal office address MUST BE A STREET ADDRESS)

1035 Lake Rogers Cir
Oviedo, FL 32765

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1035 Lake Rogers Cir
Oviedo, FL 32765

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: Mirella Caro-Cortes

New Registered Office Address: N/A
Enter Florida street address

Oviedo, **Florida** 32765
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.

N/A See 1st Pg.
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

Title	Name	Address	Type of Action
MGR	Mirella Card-Cortes	1035 Lake Rogers Cir. Weldo, FL. 32765	☑ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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SECRETARY OF STATE
TALLAHASSEE, FL

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

2025 JUN 20 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (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 June 10th, 2025.

Signature of a member or authorized representative of a member

Mirella Caro-Cortes

Typed or printed name of signee

Filing Fee: $25.00