LI70000)72739
(Requestor's Name) (Address) (Address)	500347726525
(City/State/Zip/Phone #)	RECEIVED JUL 1 6 2020
(Business Entity Name) (Document Number)	07/23/2001036001 **\$55.00
Certified Copies Certificates of Status	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2020

RACHNA BUXANI BUXANI COUNSELING CARE, PLLC 9270 SW 93 AVENUE MIAMI, FL 33176

SUBJECT: BUXANI COUNSELING CARE, PLLC Ref. Number: L17000072739

We have received your document for BUXANI COUNSELING CARE, PLLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 220A00016507



COVER LETTER

TO: Registration Section Division of Corporations

Buxani Counseling Care. PLLC

SUBJECT: _

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:

Rachna Buxani

Name of Person

Buxani Counseling Care, PLLC

Firm/Company

9270 SW 93 Avenue

Address

Miami, Florida 33176

City/State and Zip Code

rachna@buxanicare.com

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

For further information concerning this matter, please call:

 Rachna Buxani
 305
 587-8482

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:



\$30.00 Filing Fee & Certificate of Status

S55.00 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

Buxani Counseling Care, PLLC		T
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	<u>y as it now appears on our records.</u>) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L17000072739</u> . This amendment is submitted to amend the following:	/ere filed on	And assigned
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable:	y Company," the designation "LLC" or	the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		····
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	- <u>-</u>	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	Romesh Mirpuri			
New Registered Office Address:	9270 SW 93 Avenue			
<u></u>	Enter Florida street address			
	Miami	. Florida ³³¹⁷⁶		
	Ciţy	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:

t MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effecti) <u>Note:</u> If t	ve date is listed, the d the date inserted in	an the date of filin ate must be specific and this block does not r the Department of S	l cannot be prior neet the applic	able statutory fi	r more than 90 da	(optional) ays after filing.) I nts, this date w	² ursuant to 605.0207 (3 ill not be listed as th
f the record sp ecord is filed.	pecifies a delayed e	ffective date, but not	an effective ti	me, at 12:01 a.i	n. on the earlie	r of: (b) The	90th day after the
July	y 7th		2020				
		C ianata - P	Ri	rized representat	1415 AF		
	Rachna Buxani	Signature of a	memper or autho	nizeu representat	ive of a member		
	<u> </u>		Typed or printe	ed name of signed	3		