

# L17000095358

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

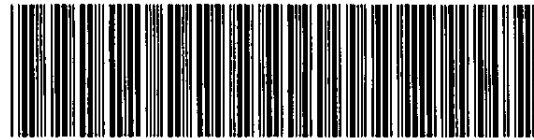
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUN 12 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2017

CICELY E. LEWIS-POLEON  
8637 BRIKFORD ST STE B  
ORLANDO, FL 32836

SUBJECT: ESSENTIAL COUNSELING, LLC  
Ref. Number: L17000095358

We have received your document for ESSENTIAL COUNSELING, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 917A00010493

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2017 JUN -9 P 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Essential 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:

Cicely E Lewis-Poleon

Name of Person

Essential Counseling LLC

Firm/Company

8637 Brixford St STE B

Address

Orlando, Florida 32836

City/State and Zip Code

pmaalik@bellsouth.net

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

For further information concerning this matter, please call:

Cicely E Lewis-Poleon

407 758-1161

Name of Person

at ( )

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

TALLAHASSEE, FLORIDA

2017 JUN 12 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 JUN -9 P 1:02

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2017 MAY 24 AM 10:53

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Essential 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 5/1/2017 and assigned  
Florida document number L17000095358.

This amendment is submitted to amend the following:

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

Essential 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:**

8637 Brixford St STE B

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

Orlando, Florida 32836

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

8637 Brixford St STE B

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

Orlando, Florida 32836

**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:

Cicely E Lewis-Poleon

New Registered Office Address:

8637 Brixford St

*Enter Florida street address*

Orlando

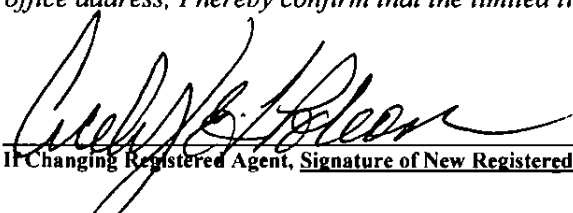
*City*

Florida

*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	Cicely E Lewis-Poleon	8637 Brixford St, Orlando, Florida 32836	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

**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**

5/19/67  
  
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Cicely E Lewis-Poleon

Typed or printed name of signee