

K17000125109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

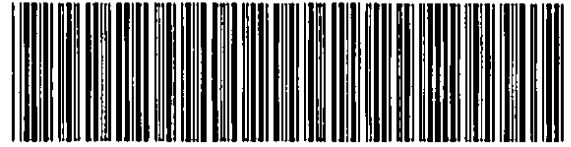
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See letter of reference ~

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04/23/22--01000--024 \*\*25.00

FILED  
2022 APR 22 PM 2:56  
CUSHING, MA  
CLERK OF COURT

Amend/Name Change

JUN 29 2022

D CUSHING



April 18, 2022

To Whom It May Concern,

Sunlight Counseling LLC is my business. In 2021, I erroneously created a new business on Sunbiz.org rather than amending my first business name, Weckerle Counseling LLC. Upon speaking with a representative from Sunbiz, I was advised to dissolve Sunlight Counseling LLC, and submit an amendment for Weckerle Counseling LLC to be changed to Sunlight Counseling LLC. On 4/18/22, I dissolved Sunlight Counseling LLC, and I consent to amend Weckerle Counseling LLC to Sunlight Counseling LLC effective immediately.

This letter serves as documentation that the name Sunlight Counseling LLC belonged to me and I give permission to use that name immediately. Please do not hesitate to contact me with any questions or further instructions regarding this business name change.

Kind regards,

Laura Weckerle, LMHC, NCC, QS, MA  
Owner, Sunlight Counseling, LLC

FILED  
2022 APR 22 PM 2:56  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE SEVENTH JUDICIAL CIRCUIT  
IN FLORIDA  
ORLANDO, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Weckerle 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:

Laura Weckerle

\_\_\_\_\_  
Name of Person

Weckerle Counseling, LLC

\_\_\_\_\_  
Firm/Company

707 South Ranger Boulevard

\_\_\_\_\_  
Address

Winter Park, FL 32792

\_\_\_\_\_  
City/State and Zip Code

weckerlecounseling@gmail.com

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

For further information concerning this matter, please call:

Laura Weckerle

386

8464583

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

FILED  
2022 APR 22 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Weckerle Counseling LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2022 APR 22 PM 2:56  
CLERK OF COURT  
JAN 11

The Articles of Organization for this Limited Liability Company were filed on 6/7/2017 and assigned  
Florida document number L17000125109

This amendment is submitted to amend the following:

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

Sunlight 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:**

3222 Corrine Drive, Suite A

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

Orlando, FL 32803

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

707 South Ranger Boulevard

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

Winter Park, FL 32792

**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:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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.*

**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**

[illegible]

[illegible]

(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)

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.

Anna Wehner  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**