

K17000161888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

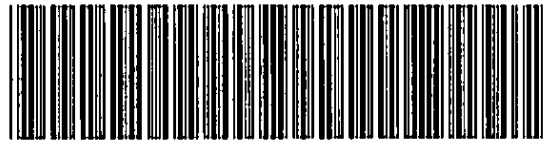
(Business Entity Name)

(Document Number)

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

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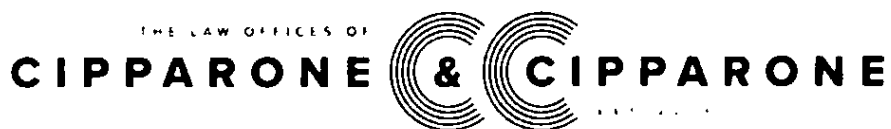
ESTATE  
TAL/AD  
OFFICE

2022 AUG 12 PM 1:42

FILED

A. BUTLER

OCT 3 1 2022



August 9, 2022

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Pairs Care Counseling, LLC - Amendment**

To Whom It May Concern:

My firm represents Pairs Care Counseling, LLC ("the Company"). Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization, and our check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees. As you can see, the Company is changing addresses.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Ryan Cipparone

RC/jmb  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Pairs Care 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:

Ryan Cipparone, Esquire

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

Cipparone & Cipparone, P.A.

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

1525 International Parkway, Ste. 103

\_\_\_\_\_  
Address

Lake Mary, FL 32746

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

rcipparone@cippareoneopa.com

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

For further information concerning this matter, please call:

Ryan Cipparone, Esquire

321 275-5914  
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

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

Pairs Care Counseling, LLC

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

**FILED**  
2022 AUG 12 PM 1:42  
CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on July 28, 2017 and assigned  
Florida document number L17000161888.

This amendment is submitted to amend the following:

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

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)**

1300 Hwy 41 N.

Bldg. A, Ste. 3

Inverness, FL 34450

Enter new mailing address, if applicable:

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

1300 Hwy 41 N.

Bldg. A, Ste. 3

Inverness, FL 34450

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mark Beck	1300 Hwy 41 N.	<input type="checkbox"/> Add
		Bldg. A, Suite 3	<input type="checkbox"/> Remove
		Inverness, FL 34450	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[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.

MMPC, LMHC  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**