L17000 187961

	Requestor's Name)	
(A	Address)	
·	Address)	
(C	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	e)
(C	Ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions t	o Filing Officer:	
ı		
		

Office Use Only



800344934548

95/22/20--01010--025 **30.00

2020 HAY 22 PH 7: 39

OU 6116120

COVER LETTER

SUBJECT: Bambon Counseling Services 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: Name of Person	
Please return all correspondence concerning this matter to the following:	
Wesdin - Andres	
Name of Person	
Firm/Company	
7631 Grandvirus Blvd	
Minaman FC33023 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	Com
For further information concerning this matter, please call:	
Name of Person Name of Person	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	

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

FILED

Bamboo	Cours	selins	SPDV	2 PM 7:39
(<u>Name of the Limited</u> (A	<u>Liability Company</u> Florida Limited Lia	y as it now appear ibility Company)	is o <mark>n our records</mark>) is: SALLAHAS	TY OF TOUR SEEL FLU
The Articles of Organization for this Limited Liab	_		99/05/2C	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	he limited liabili	ity company he	ere:	
The new name must be distinguishable and contain the work	ds "Limited Liability	y Company." the d	esignation "LLC" or the	: abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:			<u></u>
Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>			
				
B. If amending the registered agent and/or regigent and/or the new registered office address		ldress on our r	ecords, enter the n	ame of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Flor	rida street address	
		City	Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	Çıİ		ziji Code
hereby accept the appointment as registered or browisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the region of this change in this change in the change in the change in this change in this change in this change in this change in writing of this change in the chan	agent and agree and complete p ered agent as pr gistered office a	erformance of ovided for in (my duties, and Lai hapter 605, F.S. C	m familiar with and Fr, if this document is
	If Changi	ing Registered Ag	ent, 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>	Address	Type of Action
MGR	Mariline Nelson	72mbnoke Piner, FL33	D.S PAdd O F G □ Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
	***************************************		🗆 Add
			□Remove
			Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change

-	
_	
_	
_	·-····
_	
_	
_	
_	
_	
_	
(If an effec	ve date, if other than the date of filing: 05 19 200 (optional) citive 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
docume	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ant's effective date on the Department of State's records.
e record ord is file	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 d.
Dated _	May 29. 2020.
	\square
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00