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## **COVER LETTER**

	Psychology	of Original Love Counseling,	LLC		
SUBJECT:		Name of Limi	ted Liability Company	·	<del>_</del>
The enclosed	l Anicles of A	mendment and fec(s) are sub-	nitted for filing.		
Please return	all correspon	dence concerning this matter t	to the following:		
		Jill Kahli			
			Name of Person		······································
			Firm/Company		<del></del>
		10800 McCulloch Road			
			Address		
		Orlando, FL 32817			
			City/State and Zip Code		<del></del>
		jkahli@mac.com			
		E-mail address: (to	o be used for future annual	report notification)	
For further in	iformation co	ncerning this matter, please ca	H:		
Jill Kahli			at ( )	12935	
	Name of	Person	Area Code	Daytime Telepho	ne Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

**Registration Section** Division of Corporations

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

2025 1100 . .

Psychology of Original Love Counseling, LLC		AH 8: 1;4
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
he Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number L17000188289		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
Swiss Stables, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:	10800 McCulloch Road	
Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32817	
nter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Aailing address MAY BE A POST OFFICE BOX)	<del> </del>	
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		<del></del> -
	Enter Florida street address	
<del></del>	Florid	daZip Code
	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>	Address	Type of Action
			□Add
		·	Remove
			□Change
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fective date if other tha	n the date of filing: (ontio	nal)	
n effective date is listed, the da	n the date of filing: (option to date of filing or more than 90 days after the must be specific and cannot be prior to date of filing or more than 90 days after the file of the date of filing or more than 90 days.	iling.) Pursuan	t to 605.0207
	his block does not meet the applicable statutory filing requirements, this the Department of State's records.	date will not	be listed as t
	The Department of State of records.		
ecord exacities a delayed et	Tective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th A	av after the
is filed.	teerve date, but his air effective time, at 12.01 a.m. on the earner of. (b)	The 70th G	ay unter the
June 16 ted	2025		
	12501		
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( )	Signature of a member or authorized representative of a member		
\ /			

Typed or printed name of signee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OI	<b>t</b>	- سخ	
Psychology of Original Love Counseling, LLC	;	2025	
Psychology of Original Love Counseling, LLC  (Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)	19 AM 8: 44	
The Articles of Organization for this Limited Liability Company		and assigned	
lorida document number L17000188289			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
Swiss Stables, LLC			
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	10800 McCulloch Road		
Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32817		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
· · · · · ·		_	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter tl</u>	he name of the new registe	
gen and the new registered office dedicate news.			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
<del></del>	, Flor	rida Zin Code	
	1.10'	7.1/1 \ .DUP	

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 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
			□Remove
			□Change
			□Remove
			□Change
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ective date, if other than the effective date is listed, the date in the effective date in this ument's effective date on the	ust be specific and cannot b block does not meet the :	e prior to date of tiling applicable statutory	topti or more than 90 days after filing requirements, thi	onal) · filing.) Pursuant to 605.020 s date will not be listed a
cord specifies a delayed effect s filed.	ive date, but not an effec	tive time, at 12:01 :	a.m. on the earlier of: (b	b) The 90th day after the
June 16	2025			
	e pal	r authorized represen		
-9- <del>-</del> F-1/4				