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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32309  
17 NOV 22 AM 3:16  
2017 NOV 20 AM 10:15

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: "CHANGES" 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:

STEVEN L. MYERS

Name of Person

"CHANGES" Counseling SERVICES LLC

Firm/Company

3423 E. Silver Springs Blvd Suite #9

Address

Ocala, Florida 34470

City/State and Zip Code

wisdom53@cox.net

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

For further information concerning this matter, please call:

STEVEN L. MYERS

Name of Person

at (352) 817-7118

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

"Changes" Counseling Services 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 10/18/2017 and assigned  
Florida document number L17000215640

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRETARY  
TALLAHASSEE, FLORIDA  
17 NOV 22 AM 3:27

**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:

STEVEN L. MYERS

New Registered Office Address:

3423 E. SILVER SPRINGS BLVD #9

Enter Florida street address

OCALA

City

Florida

34470

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.*

Steven L. Myers

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	STEVEN L. MYERS	3423 E. Silver Springs Blvd.	<input checked="" type="checkbox"/> Add
AMBR		Suite # 9	<input type="checkbox"/> Remove
		Ocala, FL 34470	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

SECRETARY OF THE  
TALLAHASSEE COUNTY  
17 NOV 22 AM 3:16

11/15/17

**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 11/15/ 2017

Steven L. Myers  
Signature of a member or authorized representative of a member

STEVED L. MYERS  
Typed or printed name of signee