

L18000006882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

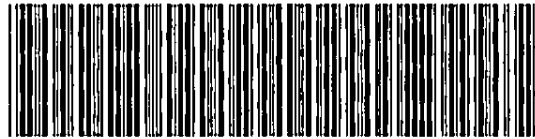
(Business Entity Name)

(Document Number)

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JUN 8 2020

06/08/20--01010--017 **50.00

JUN 24 2020

S. YOUNG

FILED
2020 JUN -8 AM 6:45
JUN 8 2020
JUN 8 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: OCEAN VISTA 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:

KATHLEEN COUGHLIN

Name of Person

OCEAN VISTA COUNSELING, LLC

Firm/Company

1450 N. US HIGHWAY 1, SUITE 500

Address

ORMOND BEACH, FL 32174

City/State and Zip Code

INFO@OCEANVISTACOUNSEL.COM

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

For further information concerning this matter, please call:

KATHLEEN COUGHLIN

610 248-0059

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**

OCEAN VISTA COUNSELING, LLC

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

FILED
2020 JUN - 8 AM 6:46
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/08/2018

and assigned

Florida document number L18000006882

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: KATHLEEN COUGHLIN

New Registered Office Address: 1450 N. US HIGHWAY 1, SUITE 500

Enter Florida street address

ORMOND BEACH, Florida 32174

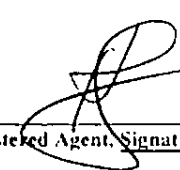
City

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>
AMBR	COUGHLIN, KATHLEEN E.	1450 N. US HIGHWAY 1	<input type="checkbox"/> Add
		SUITE 500	<input type="checkbox"/> Remove
		ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Change
AMBR	CEYLAN, HAKAN	1450 N. US HIGHWAY 1	<input type="checkbox"/> Add
		SUITE 500	<input checked="" type="checkbox"/> Remove
		ORMOND BEACH, FL 32174	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE CHANGE/EDIT KATHLEEN COUGHLIN FROM A MGR TO AN AMBR STATUS.

ADDITIONALLY, PLEASE REMOVE HAKAN CEYLAN IN ITS ENTIRETY. THANK YOU!

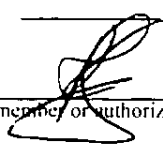
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

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.

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.

Dated JUNE 04TH , 2020



Signature of a member or authorized representative of a member

KATHLEEN E. COUGHLIN

Typed or printed name of signee

Filing Fee: \$25.00