

L180000014015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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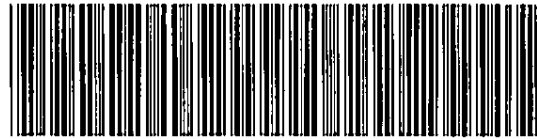
(Business Entity Name)

(Document Number)

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STATE OF CALIFORNIA

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JUL 16 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mindful Pathways  
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:

Aimee Mahjourri  
Name of Person

Mindful Pathways  
Firm/Company

2512 W. State Road 424 Ste. 2024  
Address

Oviedo, FL 32765  
City/State and Zip Code

mindfulpathwayscounseling@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aimee Mahjourri at ( 407 ) 900-8718  
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

2021 JUN 22 AM 8:20  
TALLAHASSEE, FL 32303

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

Mindful Pathways

(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 01-10-2018 and assigned Florida document number L18000014015.

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)**

2572 W. State Road 420  
Suite 2024  
Oviedo, FL 32705

**Enter new mailing address, if applicable:**

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

2572 W. State Road 420  
Suite 2024  
Oviedo, FL 32705

**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:

Alexander Kyhn

New Registered Office Address:

198 Magnolia Park Trail

Enter Florida street address

Sanford

City

Florida

32773

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>
_____	_____	_____	<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

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 ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED  
 DATE 06-22-2011 BY 60322  
 1017

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

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SECOND FLOOR  
TALLAHASSEE, FL

2021 JUN 22 AM 8:20  
SECURITY OFFICE  
TALLAHASSEE, FL

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If not effective date, include date of filing)

(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 11, 2021

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Aimee Manjouki, LMHU  
Type or printed name of signee

Type or printed name of signee