

L18000038664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

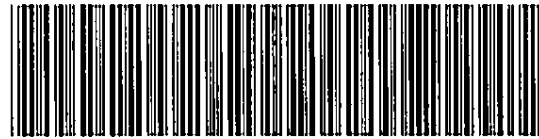
(Business Entity Name)

(Document Number)

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05/11/18--01025--026 \*\*35.00

2018 MAY 30 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

M. MILLIGAN

JUN 08 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2018

MY OWN THERAPIST, PLLC  
14202 SW 62 ST  
MIAMI, FL 33183

SUBJECT: MY OWN THERAPIST, PLLC  
Ref. Number: L18000038664

We have received your document for MY OWN THERAPIST, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 918A00010519

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: My Own Therapist, PLLC

\_\_\_\_\_  
Name of Limited Liability Company

RECEIVED  
2018 MAY 30 AM 11:17  
DEPARTMENT OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan Friedman

\_\_\_\_\_  
Name of Person

My Own Therapist PLLC

\_\_\_\_\_  
Firm/Company

14202 SW 62 Street

\_\_\_\_\_  
Address

Miami FL 33183

\_\_\_\_\_  
City/State and Zip Code

alan@myowntherapist.net

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Friedman

917 734 9000  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*mm*

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

My Own Therapist, PLLC

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

FILED  
2018 MAY 30 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/13/2018 and signed by \_\_\_\_\_  
Florida document number L18000038664

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) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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	VICTOR PENA	15273 SW 28 TERRACE	<input type="checkbox"/> Add
		MIAMI FL 33185	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	REBECCA BELTRAN	12345 SW 97 COURT	<input type="checkbox"/> Add
		MIAMI FL 33176	<input checked="" 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"/> 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.)*

[illegible]

**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 May 24, 2018

*Jhene Borres*  
Signature of a member

Signature of a member or authorized representative of a member

ARLENE TORRES

Typed or printed name of signee

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**Filing Fee: \$25.00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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