

LIB000043614

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

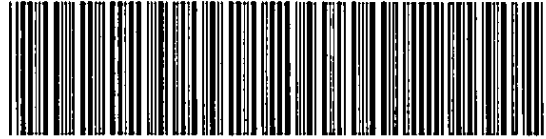
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2018 APR 18 PM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. LEGGETT  
APR 19 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEAD OVER HEART COUNSELING SERVICE 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:

KRISTINA SNYDER

Name of Person

HEAD OVER HEART COUNSELING SERVICE LLC

Firm/Company

915 DOYLE RD SUITE 303-357

Address

DELTONA, FL 32725

City/State and Zip Code

headoverheart@aol.net

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

For further information concerning this matter, please call:

KRISTINA SNYDER

Name of Person

at ( 324 )

Area Code

490-3384

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**

HEAD OVER HEART 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 FEBRUARY 17, 2018 and assigned Florida document number L18000043614.

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:

341 ALEXANDER AVE

**(Principal office address MUST BE A STREET ADDRESS)**

DELTONA, FL 32725

Enter new mailing address, if applicable:

915 DOYLE RD SUITE 303-357

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

DELTONA, FL 32725

**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:

915 DOYLE RD SUITE 303-357

*Enter Florida street address*

DELTONA

*City*

, Florida 32725

*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>
MGR	KRISTINA M SNYDER	915 DOYLE RD	<input type="checkbox"/> Add
		SUITE 303-357	<input type="checkbox"/> Remove
		DELTONA, FL 32725	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

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**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 4.13.2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kristina M. Snyder

Typed or printed name of signee