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(Re	equestor's Name)	
(Ad	ldress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u>-</u>
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Special Instructions to	Filing Officer:	
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2022 FEB 22 AM 10: 45
SECRETARY OF SEC.

COVER LETTER

TO: Registration S Division of Co		,	
	ou Therapy & Counseling Servi	ces PLLC •	•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Alayne Richardson		
		Name of Person	
	Realize You Therapy & C	ounseling Services PLLC	
		Firm/Company	
	1314 E Las Olas Blvd #16	49	
		Address	
	Fort Lauderdale, FL 3330	ı	
		City/State and Zip Code	
	admin@realizeyoutherapy.		· · · · · · · · · · · · · · · · · · ·
For foother information		to be used for future annual report notif	ication)
ror further information	concerning this matter, please c	air	
Alayne Richardson		917 905-9466 at ()	
Name	of Person		: 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 Addre	Section	Street Address: Registration Sec	
Division of (Lorporations	Division of Corp	porations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 FEB 22 AM 10: 45

Realize You Therapy & Counseling Services PLLC

(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 Clabinty Company	were med on	and assigned
Florida document number L18000123965		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Realize You Therapy & Counseling Services CSW, PLLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" 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 a	address on our records, <u>ent</u>	er 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 add	ress
	1	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 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>	Name	Address	Type of Action
	·		DAdd
			□Remove
			□Change
-			□Add
		-	□Remove
			□Change
			□Add
			□Remove
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		Remove Change Add Remove Change Add Add Remove Change Add Remove Remo	
			□ Remove
			□Change
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			□Change
			□Add
			□ Remove
			□ Change

-		
antino	te, if other than the date of filing: (optional)	
i effectiv <u>te:</u> If t	te, if other than the date of filing:	
cord sp s filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ed	ebruary 16 , 2022.	
	July 2 , LUSW	
	Signature of a member or authorized representative of a member	