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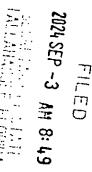
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CUBIECT.	Windmills Fa	mily Counseling LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Lourdes Guiardinu				
		Name of Person			
	Windmills Family Counse	ling LLC			
		Firm/Company			
	Address				
	Hialeah, FL 33018				
		City/State and Zip Code			
	windmillscounseling@hotn				
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please co	all:			
Lourdes Guiardinu		786 469-0429 at ()			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration Se			
Division of Corporations		Division of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Windmills Family Counseling LLC			
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on ty Company)	our records.)	
The Articles of Organization for this Limited Liability Company were L18000171708	e filed on	07/17/2018	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
Windmills Mental Health Services LLC			
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the design	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N	A	
Inter new mailing address, if applicable:	N	Δ = - Δ	2024 SEP
Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————		<u> </u>	3
3. If amending the registered agent and/or registered office address and/or the new registered office address here:	ess on our recor	ds, enter the name	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
		Elo≓da	
	City	, Florida	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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			
			□ Remove
			Change
			□Add
		/	□Remove
	,		Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
			□ Remove
			□Change
 .	 		□Add
			□ Remove
			Change

-	
	
	
If an effect <u>Note:</u> If	e date, if other than the date of filing:
e record s rd is filed	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 l.
Dated	August 27th 2024
~	. (.)
	Lind and a lind of the state of
	Signature of a member or authorized representative of a member