

L180000 201058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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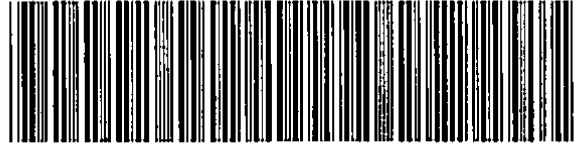
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zinda Counseling Center 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:

Katia Robinson Lucero
Name of Person
Zinda Counseling Center
Firm/Company
3606 14th Street SW
Address
Lehigh Acres FL 33976
City/State and Zip Code
Katiaj90@gmail.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Katia Robinson Lucero at (239) 677-6664
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Zinda Counseling Center LLC 11/11/14

The Articles of Organization for this Limited Liability Company were filed on 06/22/2018 and assigned Florida document number L18000201058.

Well Space, LLC

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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)

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 05/11/2020

Karl

Signature of a member or authorized representative of a member

Kathia Robinson Lucero

Typed or printed name of signee

Filing Fee: \$25.00