

L18000216615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

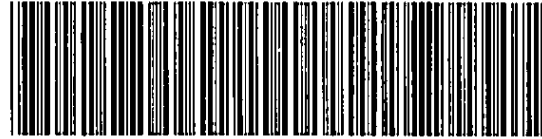
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 JUL 12 AM 8:41  
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TALLAHASSEE, FL 32304

Nicole I. Holloway, Manager  
Dr Nicci Counseling, LLC  
446 N. Dillard Street, Ste #2  
Winter Garden, FL 34787  
Phone: (407) 702-1141  
E-Mail: [Drniccicounseling@gmail.com](mailto:Drniccicounseling@gmail.com)

July 8, 2022

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Amendment to  
Articles of Organization of  
Dr Nicci Counseling, LLC

To Whom It May Concern:

Due to the marriage of the Manager, there are now two Amendments needed to update the Articles of Organization.  
They are as follows:

**Amendment #1:**

*Name Change of Manager*

Previous Name: Nicole I. Santana  
New Name: Nicole I. Holloway

**Amendment #2:**

*The email of the Manager has been changed as follows:*

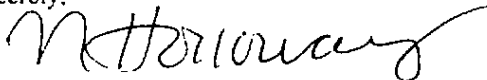
Previous E-Mail: [nicci@drniccicounseling.com](mailto:nicci@drniccicounseling.com)  
New E-Mail: [Drniccicounseling@gmail.com](mailto:Drniccicounseling@gmail.com)

**Attachment:**

Enclosed, you will find a copy of the Marriage License which precipitated the above Amendments to the Articles of Organization.

Should you have any questions, you may contact me at my personal cell phone number which is 918-640-8191.  
Thank you in advance for your assistance.

Sincerely,



Nicole I. Holloway, Manager  
Dr Nicci Counseling, LLC

Enclosures:

- Marriage License
- Check (\$55) for Filing Fee AND Certified Copy

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TALLAHASSEE, FL 32310

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Dr Nicci Counseling, 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:

Nicole I. Holloway

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

Dr Nicci Counseling, LLC

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

446 N. Dillard Street, Ste #2

\_\_\_\_\_  
Address

Winter Garden, FL 34787

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

Dniccicounseling@gmail.com

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

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TALLAHASSEE, FL 32303

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For further information concerning this matter, please call:

Nicole I. Holloway

407 702-1141  
at ( )

OR 918-640-8191

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

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Dr Nicci Counseling, 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 October 8, 2018 and assigned  
Florida document number L18000216615.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

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

**Enter new mailing address, if applicable:**

N/A

**(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:

N/A

New Registered Office Address:

*Enter Florida street address*

*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 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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
| _____        | _____       | _____          | <input type="checkbox"/> Change |
|              |             | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

The Manager of this LLC has a new Last Name due to marriage.

Previously named: Nicole I. Santana

Newly Married name: Nicole I. Holloway (Marriage License Copy attached)

There is a new e-mail address with this change:

Previous E-Mail: nicci@drmiccounseling.com

New E-Mail: Drmiccounseling@gmail.com

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**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 July 8, 2022

Nicole I. Holloway, Manager  
Signature of a member or authorized representative of a member

Nicole I. Holloway, Manager

\_\_\_\_\_  
Typed or printed name of signer