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(Requestor's Name)
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Special Instructions to Filing Officer:





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R. WHITE FEB 0 7 2019

COVER LETTER

TO: Registration of Division of	on Section f Corporations	y.		
	H.E.R. Counseling Services			
SUBJECT:	Name of Limited Liab	oility Company		
The enclosed Article	es of Amendment and fee(s) are submitted f	or filing.		
Please return all cor	respondence concerning this matter to the fo	ollowing:		
	Tammie R Holt			
		lame of Person	<u> </u>	
	I Am H.E.R. Counseling Services			
	<u> </u>	Firm/Company		
	255 Wheelhouse Lane, #449			
		Address		
	Lake Mary, FL 32746			
	City/S	State and Zip Code		
	Tammic@IAmHERCounseling.cor			
	E-mail address: (to be use	d for future annual re	eport notification)	
For further informat	ion concerning this matter, please call:			
Tammie Holt		407 663 at ()	-0022	
Na	ame of Person	Area Code	Daytime Telepho	one Number
Enclosed is a check	for the following amount:			
□ \$25.00 Filing Fe	Certificate of Status (55.00 Filing Fee & Certified Copy additional copy is enclo		\$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 ARTICLES OF ORGANIZATION FILED

2019 FEB - 1 PH 6: 45

I Am HER Couseling Services, LLC

(Name of the Limited Liability Company as it now appears on our records.) DEL. FL (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 12/06/2018 and assigned	j	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:		
I Am H.E.R. Counseling Services, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."	_	
Enter new principal offices address, if applicable:	5104 N. Orange Blossom Trail, STE#121		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32810		
Enter new mailing address, if applicable:	255 Wheelhouse Lane, #449		
(Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL 32746		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the	<u>ie new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street address		
	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 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>	Name	Address	Type of Action
MGR	Tammie R. Holt	255 Wheelhouse lane, #449 Lake Mary, FL 32746	
			Remove
			Change
			□ Remove
			Change
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(If an effe Note: 1	ve date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	1-29 2019 Junior R. Helt Signature of a member or authorized representative of a member
	Tannie R. Holt Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00