L19000010411

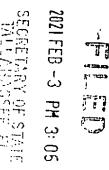
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

	Registration Se Division of Cor		F				
SUBJEC		ouitty, LMFT, LLC					
SUBJEC		Name of Lim	ited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		Andie McQuitty					
			Name of Person				
Andie McQuitty, LMFT, LLC							
			Firm/Company				
		349 Winters Street					
		Address					
		West Palm Beach, Florida, 33405					
		City/State and Zip Code					
		AndieMcQuittyLMFT@gmail.com E-mail address: (to be used for future annual report notification)					
For furth	er information e	e-mail address: () oncerning this matter, please ca		ication)			
Andie M			561 236-1294 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for th	ne following amount:					
■ \$25.6	00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.			
Ck#	180	Certificate of Status	Certified Copy (additional copy is enclosed)	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 \mathbf{OF}

FILED

2021 FEB -3 PM 3: 06

Andie McQuitty LMFT, LLC

SECRETARY OF STATE
TALL AHASSEE, FI
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

Florida document number L19000010411		were filed on January 8, 2019	and assigned	
	·			
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company here:		
New Seasons Counseling, ELC				
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ble:	631 Lucerne Avenue		
(Principal office address MUST BE A STREET		Suite 207		
	<u>.</u>	Lake Worth Beach, FL 33460)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		631 Lucerne Avenue Suite 207		
				Lake Worth Beach, FL 33460
		B. If amending the registered agent and/or reg		addiess on our records; enter
agent and/or the new registered office address Name of New Registered Agent:				
Name of New Registered Agent:	here:	venue, Suite 207	-	
	here:	Enter Florida street addre	255	
Name of New Registered Agent:	here:	Enter Florida street addre	255	
Name of New Registered Agent:	631 Lucerne A	Enter Florida street addre		
Name of New Registered Agent:	631 Lucerne A Lake Worth Be	Enter Florida street addre each, F	255	

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 **Type of Action** Title Name Address ⊟Remove __ Change □Remove __ □Change □Remove □Remove □Change \square Add □Remove _____ □Change

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ote:	we date, if other than the date of filing:
recor is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
ated	01/29/21

Typed or printed name of signee