1190000 41043

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COVER LETTER

	Registration Se Division of Cor						
elib it:7		TIVE COUNSELING LLC					
SUBJEC	Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	tum all correspo	ndence concerning this matter	to the following:				
		EVA ABAD					
			Name of Person				
		INTEGRATIVE COUNSE	ELING LLC				
	,		Firm/Company				
		ALTIS CIRCLE W. # 4-10)4				
			Address				
		HIALEAH, FL 33018					
	City/State and Zip Code						
		EABAD2000@GMAIL.CO					
12 2 4			to be used for future annual report not	incation)			
i or furth	er information e	oncerning this matter, please co	all:				
EVA AE	ΒΑΦ		786 886-4631 at ()				
	Name o	f Person		ne Telephone Number			
Enclosed	l is a check for th	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)			
	s de Maria de Janes						
	Mailing Address Registration S		<u>Street Address:</u> Registration Se	ection			
	Division of C		Division of Co				

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



INTEGRATIVE COUNSELING LLC

201910:127 PH 5:47

(A Florida Limited L.	iy as it now appears o iability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company vibration of $\frac{119000041043}{119000041043}$.	were filed on $\frac{2/11/2}{}$	2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:	:	
ALTIS COUNSELING LLC			
The new name must be distinguishable and contain the words "Limited Liability			
Enter new principal offices address, if applicable:	11820	Miramar Po	ir Kway
(Principal office address MUST BE A STREET ADDRESS)	#304		
	Miramar	, FL 330;	25
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our reco	rds, <u>enter the nam</u>	e of the new regist
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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			· □Remove
			□ Change
			□Remove
			□Change

Page 2 of 3

). If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
_	<u> </u>
-	
Dec	
(If an effective Note: If the	tate, if other than the date of filing:
The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the day after the record is filed.
Dated	Deservi
	Sea Wad
_	Signature of a member or authorized representative of a member
	ENA ABAD
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00