

L19000050443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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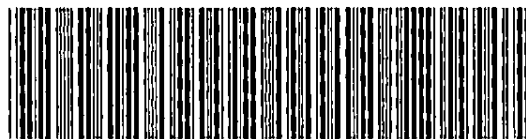
(Business Entity Name)

(Document Number)

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2019 MAR 11 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G. 03/11/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Psychological Counseling and Consulting Services 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:

Rose R. Lopomare
Name of Person

Psychological Counseling & Consulting Services
Firm/Company

1451 W Cypress Creek Road Suite 500
Address

Fort-Lauderdale FL 33309
City/State and Zip Code

rlopomare1@aol.com
E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Rose Lopomare at (305) 206-6511
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

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

Psychological Counseling and Consulting Services 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 2/20/19 and assigned Florida document number L19000050443

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:

Principal office address MUST BE A STREET ADDRESS

1451 W Cypress Creek Road
Suite 300
Fort Lauderdale FL 33309

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

808 NE 214th Lane #1
Miami FL 33179

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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

Attaching 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>
MGR	Rose Lapomere	808 NE 214 th Lane #1	<input checked="" type="checkbox"/> Add
		Miami FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JASON Jean-Louis	808 NE 214 th Lane #1	<input type="checkbox"/> Add
		Miami FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRET
STATE
CALIFORNIA

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.

id 3151 2019

Signature of a member of authorized representative

Signature of a member or authorized representative of a member

Rose R. Lapomare
Typed or printed name of signer

Typed or printed name of signee