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MAY 0 2 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bilingual Counseling of Florida 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:
Aixa E. Fretts Mulero Name of Person
Bilingual Counseling of Florida LCC
POBOX5501 Spring Hill FL 34611-550
City/State and Zip Code
BCF Counseling Qamail. COL E-mail address: (to be used for future-innual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \$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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)	idalic
The Articles of Organization for this Limited Liability Company Florida document number <u>LiQOOO7763</u> 9	were filed on $3 \cdot 30 - 19$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8270 Woodk Tampa FL	ont Centerbu 33014
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O Box 5501 Spring Hill FL	34611-550
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:	<u>.</u>	<u> </u>
New Registered Office Address:	Enter Florida street address	22 W 22
	, Florida	CT. © €Zip Code- ➤ CT

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>	Type of Action
1 <u>GR</u>	Alixa E. Fretts Mulero	PO.Box 5501 Spring Hill FL. 3461-5501	X Add
			□ Remove
			Change
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an effect lote: If	e date, if other than the date of filing:
,	to order to date on the isopartment of state a records.
recoi The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
ated	10 April , 2019.
	Signature of a member or authorized representative of a member
	Aixa E. Frets Mulero

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Filing Fee: \$25.00