# L19000 125321

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Through The Looking Glass Courseling 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:
KobyN Smith-The Leiste Name of Person
Through the looking Glass Counseling Services, LCC
1428 Lophie Way Address
City/State and Zip Code  Robyn SMcLeish & TTLGCS. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robyn Smith - Nucleush at (407) 455-4145  Name of Person Area Code Daytime Telephone Number
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 \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Ce

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

Through The Loking Glass (Name of the Limited	Counseling Services, my as it now appears on our records.) Liability Company	LLC
The Articles of Organization for this Limited Liability Company Florida document number <u>419080 125321</u> .	were filed on May 16, 20	/9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	111 E. Monument or	<u>e</u>
(Principal office address MUST BE A STREET ADDRESS)	Suite 33) Kiss, minel, fl 347	4/=====================================
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the
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 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

# MGR = Manager AMBR = Authorized Member Type of Action **Address** Title <u>Name</u> 1428 Sophie way Kiss fl 34744 Remove CRAID Mcleish AMBIL ☐ Change □ Add □ Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove

or removed from our records:

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fan effective dat <mark>Note:</mark> If the da	e is listed, the date ite inserted in th	the date of filing e must be specific and its block does not r he Department of S	l cannot be neet the ap	<del>pl</del> ior to da pplicable	te of filing or m	ore than 90 o	(option: days after fili ents, this da	ng.) Pursuant te	o 605.02 e listed
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Filing Fee: \$25.00