

L19000226317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

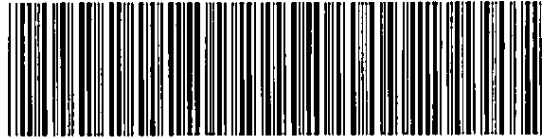
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200403185352

4/26/23  
V.W.

2023 FEB 27 AM 8:45  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

TTT

February 22, 2023

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

RE: Amendment LLC Name.

Dear Sir or Ma'am,

Please accept the enclosed Articles of Amendment to Articles of Organization of, A Trinity Counseling Center, LLC. **TO** Personal Peace, LLC. You will also find enclosed check #140 in the amount of \$25.00 for the filing fee.

If you should have any further questions, please do not hesitate to contact me. Thank you for what you do.

Sincerely,



Dorothy Pehowic, LMHC

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

A Trinity Counseling Center, L.L.C.

**SUBJECT:** \_\_\_\_\_  
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:

Dorothy M. Pehowic

\_\_\_\_\_  
Name of Person

A Trinity Counseling Center, L.L.C.

\_\_\_\_\_  
Firm/Company

P.O. Box 530687

\_\_\_\_\_  
Address

DeBary, FL. 32753-0687

\_\_\_\_\_  
City/State and Zip Code  
dorothy.pehowic@personalpeacecllc.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorothy Pehowic

407 402-5088

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
OF**

A Trinity Counseling Center, 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 9/6/2019 and assigned  
Florida document number L19000226317.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Personal Peace, LLC.

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)**

300 N. Ronald Reagan, Blvd.

Suite 308

Longwood, FL, 32750

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. Box 530687

DeBary, FL, 32753-0687

**B. 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:

300 N. Ronald Reagan Blvd., Suite 308

*Enter Florida street address*

Longwood

*City*

Florida

32750

*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.*

*W/A*  
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>	<u>Type of Action</u>
	N/A	<del>Nothing follows</del>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		/	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
		/	<input type="checkbox"/> Remove
		/	<input type="checkbox"/> Change
		/	<input type="checkbox"/> Add
		/	<input type="checkbox"/> Remove
		/	<input type="checkbox"/> Change
		/	<input type="checkbox"/> Add
		/	<input type="checkbox"/> Remove
		/	<input type="checkbox"/> Change
		/	<input type="checkbox"/> Add
		/	<input type="checkbox"/> Remove
		/	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

N/A - Nothing follows -

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

February, 22

2023

Dated \_\_\_\_\_,

Signature of a member or authorized representative

Dorothy M. Pehowic

Typed or printed name of signee