## L200000 41382

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HR21 300

## COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

Amparo Counseling and Clinical Consulting, LLC 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: Elena Saldamando Name of Person Amparo Counseling and Clinical Consulting, LLC Firm/Company 2523 Blue Lake Court Address Apopka, FL 32703 City/State and Zip Code elena.saldamando@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Elena Saldamando Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$55,00 Filing Fee & **■** \$30.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amparo Counseling and Clinical Consulting, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number L20000041382	were filed on $\frac{2/4/2020}{}$ a	nd 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 abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	》 (2)	
	>7 	<b>X</b>
	ARI	2
Enter new mailing address, if applicable:	A Company of the Comp	<b>D</b> * : ";
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
Maning duaress SIMT BE A POST OF FICE 19019	24 20 20 20	2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of t</u>	he new register
Name of New Registered Agent:		
New Registered Office Address:		
THE WITTERS AND ADDRESS OF THE PARTY OF THE	Enter Florida street address	
_	, Florida	
<del></del> -	City	p Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am Jamu provided for in Chapter 605, F.S. Or, if th	iar wun ana is document is -

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
AMBR	Elena Saldamando	2523 Blue Lake Court	<b>=</b> Add
		Apopka, FL 32703	□Remove
			□ Change
			□Remove
			□ Change
			□Add
			Remove
			☐Change
			SECRETARY Remove
			AR -2 Remove
			AH 7: □Change
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Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or Note: If the date inserted in this block does not meet the applicable statutory filidocument's effective date on the Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 6 ng requirements, this date will not be l	605,0207 listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.mrd is filed.	on the earlier of: (b) The 90th day a	fter the
Dated 11:13am		
Signiture of a member or authorized representation	e of a member	-

Filing Fee: \$25.00