# 120000192203

(Requestor's Name)
(Address)
(Address)
(1001233)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Consideration to Elling Officer
Special Instructions to Filing Officer:

Office Use Only



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2022 JAN -5 AM IO: 57 SECRETARY OF STATE

JAN 20 2072



## RECEIVED

2022 JAN -5 AM 8: 01

SECRETARY OF STATE

Division of Corporations

December 15, 2021

SARAH CLODE 206 W SYBELIA AVE MAITLAND, FL 32751

SUBJECT: INCLUSIVE IMPACT THERAPY LLC

Ref. Number: L20000192203

We have received your document for INCLUSIVE IMPACT THERAPY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 621A00030328

### **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
	'E IMPACT THERAPY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SARAH CLODE		
		Name of Person	
	<u></u>	Firm/Company	
	206 W SYBELIA AVE		
		Address	· <del></del>
	MAITLAND, FL 32751		
		City/State and Zip Code	
	SARAHCLODE@GMAIL.		
		to be used for future annual report not	inication)
For further information of	concerning this matter, please c	all:	
SARAH CLODE		941 284-8571 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF**

INCLUSIVE IMPACT THERAPY LLC (Name of the Limited Liability Company as it now appears on our records.) (In STATE (A Florida Limited Liability Company)

2022 JAN -5 AM 10: 57

(A Folia Bank	od Didoliny Company)			
The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{07/06/20}{1}$	20 and assigned		
Florida document number L20000192203				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
CLODE COUNSELING SERVICES LLC				
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	206 W SYBELIA AV	206 W SYBELIA AVE		
Principal office address MUST BE A STREET ADDRESS)	MAITLAND, FL 327	751		
Enter new mailing address, if applicable:	206 W SYBELIA AV	/E		
Mailing address MAY BE A POST OFFICE BOX)	MAITLAND, FL 327	/51		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our record	ls, enter the name of the new regist		
204 M SADI	FLIA AVE			
New Registered Office Address: 200 W S 1 B1	Enter Florida sti	reet address		
MAITLAND	)	, <b>Florida</b> 32751		
	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 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 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
	ANDREA PIAZZA	1048 CRYSTAL BOWL CIRCLE	
•		CASSELBERRY, FL 32707	■Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□ Change
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			□ Change
			□Remove
			□ Change
			□Add
		<del></del>	□Remove
			□ Change

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