## 120000703167

| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| (61) 611 611 7                          |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| ΓO;           | Registration Sec<br>Division of Corp          |   | <b>;</b>  | •   |
|---------------|---|---|---|---|
| SUBJE         | ест: <u>ОО</u>                                | AT Coochung B (                                   | Counseling LLC ited Liability Company                               |   |
| The en        | alogod Articles of S                          | Amendment and fee(s) are sub-                     | mitted for filing   |   |
|               |   | idence concerning this matter                     |   |   |
|               |   | SADIA ZA  | MAN Name of Person  |   |
|               |   |   | ing B (ounseling LL) Firm/Company                                   | <u>C</u>  |
|               |   | 3912 Cat Mint                                     | Street  | <del></del>   |
|               |   |   | City/State and Zip Code   | <del></del>   |
| Live fire     | thar information co                           | E-mail address: (incerning this matter, please ca | egman. com to be used for future annual report notifi               | fication)   |
| roi iui       | thei intornation co                           | incerning this matter, piease ca                  | 311.  |   |
| Sa            | dia Zaman                                     | Person  | at (917) 400 30<br>Area Code Daytim                                 | 043<br>e Telephone Number   |
| Enclos        | ed is a check for th                          | e following amount:                               |   |   |
| □ <b>\$</b> 2 | 5.00 Filing Fee                               | ☑\$30.00 Filing Fee &<br>Certificate of Status    | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|               | Mailing Address Registration S Division of Co | ection  | Street Address:<br>Registration Sec<br>Division of Cor              |   |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ODAT (oaching & Courseling   | y LLC             |                                |                   |
|--|-------------------|--------------------------------|-------------------|
| (Name of the Limited Liability Compar<br>(A Florida Limited L  | ability Company   | )                              |                   |
| The Articles of Organization for this Limited Liability Company  | were filed on _   | 07/14/2020                     | _ and assigned    |
| Florida document number 20000203167  |                   |                                |                   |
| This amendment is submitted to amend the following:  |                   |                                |                   |
| A. If amending name, enter the new name of the limited liabi   | lity company      | <u>here</u> :                  |                   |
| ODAT Coaching 3 (Ounseling PLLC The new name must be distinguishable and contain the words "Limited Liabili                    |                   |                                |                   |
| The new name must be distinguishable and contain the words "Limited Liabili  | ity Company," the | designation "LLC" or the abbr  | eviation "L.L.C." |
| Enter new principal offices address, if applicable:  |                   |                                |                   |
| (Principal office address MUST BE A STREET ADDRESS)  |                   | ·                              | ,                 |
|  |                   |                                |                   |
|  |                   |                                | <br>              |
| Enter new mailing address, if applicable:  |                   |                                | .:                |
| Mailing address MAY BE A POST OFFICE BOX)  |                   |                                |                   |
|  |                   |                                | <u>ي</u>          |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:            | ddress on our     | records, <u>enter the name</u> | of the new regis  |
| Name of New Registered Agent:  |                   |                                | <del></del>       |
| New Registered Office Address:   |                   |                                |                   |
|  | Enter F           | lorida street address          |                   |
|  |                   | , Florida                      |                   |
|  | Cuy               |                                | Zip Code          |
| New Registered Agent's Signature, if changing Registered Agent:  |                   |                                |                   |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete |                   |                                |                   |

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> | Address     | Type of Action |
|--------------|-------------|-------------|----------------|
|              | <u> </u>    | <u> </u>    | □Add           |
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|              | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|--------------|---|
|              | Amending the formation of the organization are to rece  |
| ,            | Amending the formation of the organization LLC to PLLC The purpose of this purpose is to provide Therapy as   |
|              | an LCSW licensed in the state of Florida.   |
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| ec           | tive date, if other than the date of filing: (optional)   |
| n ef<br>:te: | Tective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| cun          | nent's effective date on the Department of State's records.   |
|              |   |
|              | rd 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 iled.  |
| •,,•         |   |
| ted          | <u> December 4, 2020</u>  |
|              |   |
|              | Signature of a member or authorized representative of a member  |
|              | - Signature of a member of authorized representative of a member  |
|              | SADIA ZAMAN   |
|              | SADIM ZAMAN Typed or printed name of signee   |

Filing Fee: \$25.00