## 120000211620

(Re	equestor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Willows C	ounseling, LLC	•	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,	
Please return all correspo	ondence concerning this matter	to the following:	
	May E. Robertson		
		Name of Person	
	Willows Counseling, LLC		
		Firm/Company	
	934 North Magnolia Ave	nue, Suite 208	
		Address	<del></del>
	Orlando, FL 32803		
		City/State and Zip Code	<del></del>
	beth@willowscounseling		
	E-mail address: (	to be used for future annual report noti	fication)
or further information c	oncerning this matter, please c	all;	
May E. Robertson		321 236-1104 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Willows Counseling, 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 July 20, 2020 and assigned Florida document number L20000211620 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

## 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.

City

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>	Type of Action
MGR	May E. Robertson		■Add
			□Remove
			□Change
MGR	Ronald D. Robertson, Jr.		■Add
			□Remove
			□Change
<del></del>	<del></del>		□Add
			□Remove
			□Add
		<del></del>	□Remove
			□Change
			Remove
			□ Change
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			Remove
			□ Change

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ctive date. if o	ther than the date o	ıf filing:		(optio	anal)
effective date is lis e: If the date ins	sted, the date must be spec	cific and cannot be press not meet the app	licable statutory fili	more than 90 days after	filing.) Pursuant to 605.020 date will not be listed a
ord specifies a c	lelayed effective date.	but not an effective	e time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
November 14	ļ	2020			
7		Date			

Typed or printed name of signee