

L70 000 314 226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

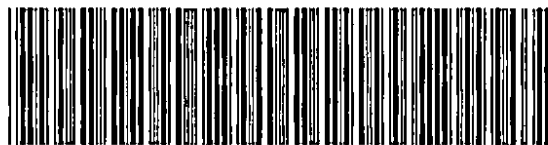
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800357860058

01/26/21--01007--005 **25.00

2021 JAN 26 PM 5:21
JAN 26 2021

○ SIMMONS
MAR 04 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Best Life Psychotherapy, LLC

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:

Jordan M. Nodelman, MSW

Name of Person

Firm/Company

1919 SE 10th Avenue, #6111

Address

Fort Lauderdale/FL 33316

City/State and Zip Code

jnodelman@gmail.com

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

or further information concerning this matter, please call:

Jordan M. Nodelman 954 439-5163

Name of Person at () 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 & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (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**

Best Life Psychotherapy, LLC

2021 JAN 26 PM 5:21

(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 10/05/2020 and assigned
Florida document number L20000314226.

This amendment is submitted to amend the following:

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

Nodelman Counseling & Psychotherapy, 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)

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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

Florida

City

Zip Code

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | 2021 JAN 26 PM 5: 21 | <u>Type of Action</u> |
|--------------|-------------|----------------|----------------------|---------------------------------|
| | | | | <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 |

2021 JAN 26 PM 5: 21

Filing Fee: \$25.00