

(((H23000112404 3)))

(shown below) on the top and bottom of all pages of the document.



H230001124043ABCR

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

EFFILE1234@INCFILE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WHOLE HART CHRISTIAN COUNSELING PLLC

Certificate of Status	0
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### **COVER LETTER**

TO: Registration So Division of Con			
A	WHOLE HART CHRI	STIAN COUNSELING PLLC	
SUBJECT:	Name of Lin	nited Liability Company	<b></b>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	_
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON TX, 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	_ <del>_</del>
	F-mail address: (	(to be used for future annual report notification)	_
For further information c	oncerning this matter, please c	all:	
LOVETTE DOBSON		1 888-462-3453	
Name o	f Person	at () Area Code Daytime Telephone Nun	nber
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	0 Filing Fee, ficate of Status & fied Copy fonal copy is enclosed)
Mailing Addres Registration (		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 632 Tallahassee, l		The Centre of Tallahassee 2415 N. Monroe Street, Suit	e 810

Tallahassee, FL 32303

#### ANTICLES OF AMENDMENT

#### TO

# ARTICLES OF ORGANIZATION OF

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WHO	JE HART CHRISTIAN COUNSELING	PLLC		
Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited :	Liability Company were filed on	1)/02/2020	· · · · · · · · · · · · · · · · · · ·	and assigned
forida document number 1,2000034717	5			
his amendment is submitted to amend the fol	Howing:			
A. If amending name, enter the new name	of the limited liability company here	<u>e</u> :		
CHRISTIAN MILLENNIAL THERAPIST PLLO				
the new pame must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "FLC" or	the abbrevi	ation "L.L.,C."
Enter new principal offices address, if appli	icable:			
Principal office address MUST BE A STRE				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our rec	ords, <u>enter the</u>	name of	the new register
Name of New Registered Agent:	REPUBLIC REGISTERED AGENT	LTTC	<u>.</u>	727
New Registered Office Address:	1150 Nw 72nd Ave Tower I Ste 455			⊒ C.
	Enter Florid	a street address	31	
	Miami	Florid		5
	Chy		1.	g) 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 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: (((H23000112404 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			Dadd
			□Remove
			□Change
			□Add
			🗖 Remove
			□Change
			□Add
			□Remove
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			□Add
			©Remove
			□Change

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If amending any other informat	tion, enter change(s) here: (Anach additional sheets, if necessary.)	
<del> </del>		
**************************************		
<u> </u>		
	The Address of the Control of the Co	
Affective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	t be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605,020 ock does not meet the applicable statutory filing requirements, this date will not be listed a	07 (. as tl
record specifies a delayed effective d is filed.	e date, but not an effective time, at 12:91 a.m. on the earlier of: (b) The 90th day after the	Iť
March 24th	2023	
	Signature of a member or authorized representative of a member	
•	Signature of a member or authorized representative of a member	
	Jenna Shaffer	

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