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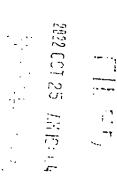
A. RIVERS

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## **COVER LETTER**

TO:

	Registration Se Division of Cor					
SUBJEC		tment Consulting LLC				
SUBJEC						
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Sierra Potter				
	Name of Person					
	S & G Treatment Consulting LLC					
	Firm/Company					
	1837 SE Port St Lucie Blvd					
Address						
	Port St Lucie, Florida 34952					
	City/State and Zip Code					
	sgtreatmentconsulting@gmail.com					
		E-mail address: (	to be used for future annual report not	ification)		
For furthe	er information c	oncerning this matter, please co	all:			
Sierra Potter		772 324-0572				
Name of Person				ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
<b>■ \$25.0</b>	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 Address: Registration Section		Street Address: Registration Se	ection			
Division of Corporations				Division of Corporations		
P.O. Box 6327				The Centre of Tallahassee		
•	l'allahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S & G Treatment Consulting 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  $\frac{11/23/2020}{1}$ and assigned Florida document number 1.20000369569 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.

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	Brian Wellen	85 Rosin Dr.	<b> @</b> Add
		Highland, IL. 62249	□Remove
			Change
MGR	Eric Contey	28 Schaperkoetter St.	<b>≣</b> Add
		Fairview Heights, H., 62208	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated \_\_\_\_\_\_

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00