

L20000375970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

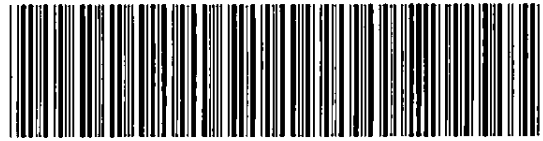
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/02/24--01019--012 **25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacquelyn Coughlin, LCSW LLC
Name of Limited Liability Company
Amber

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacquelyn Coughlin
Name of Person

Jacquelyn Coughlin, LCSW LLC
Firm/Company

6021 Sweet Birch Dr
Address

Riverview, FL 33578
City/State and Zip Code

Jackiemiller442@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKIE COUGHLIN at (813) 967-5616
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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**

(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 _____ and assigned
Florida document number _____.

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 "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)

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

_____, **Florida**
City Zip 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

updating EIN to 90-2106456

Jacquelyn Coughlin, LCSW LLC

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

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 March 27, 2024

Signature of a member or authorized representative of a member

Jacquelyn Coughlin, LCSW LLC

Typed or printed name of signee



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JACQUELYN COUGHLIN LCSW LLC
 JACQUYLYN COUGHLIN
 6021 SWEET BIRCH DR
 RIVERVIEW FL 33578

Date of this notice: 03-06-2023

Employer Identification Number:
 90-2106456

Form: 2553

Number of this notice: CP 577

For assistance you may call us at:
 1-800-829-4933

IF YOU WRITE, ATTACH THE
 STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Your Form 2553 for tax period 122021 shows a change in the organization of your business. Because of this change, we have assigned a new Employer Identification Number (EIN), 90-2106456 to your business. Each type of business (individual, partnership, or corporation) is assigned its own number.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

If you already have an EIN for this business, please send a copy of the notice you received assigning you that EIN, along with the tear off stub from this notice, so we can update our records.

If you haven't already done so, please file the last returns for your business using the old EIN. Mark each return "FINAL" and show the date the business was discontinued. Please destroy any remaining federal tax deposit (FTD) coupon books for your discontinued business.

If you have not previously received an EIN for this business, complete Form SS-4 Application for Employer Identification Number, so we will have a complete record of your account. Be sure to date the form and send it back to us to the address above within 15 days. Please include the tear off stub from this notice to assure your reply comes to the proper office. You can obtain Form SS-4 by calling 1-800-829-3676 or by downloading it from the IRS Web site, www.irs.gov.