

W20000390562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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**FILED**  
2022 MAY 17 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

05/06/2022

To whom it may concern,

Please see the attached form for amending the Articles of Organization of a Florida Limited Liability Company. We are requesting a name change. Also included is the check for the filing fee.

The best daytime phone number is **954-789-3585**.

The best return address is:

**Rebecca Keck**  
**2955 langdon lane s**  
**Kissimmee FL 34741**

Kind regards,

A handwritten signature in black ink, appearing to be 'Rebecca Keck', written in a cursive style.

Rebecca Keck  
Alvizo-GallegoCounselors, LLC

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALVIZO-GALLEGOCOUNSELORS. 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:

Rebecca Keck

Name of Person

ALVIZO-GALLEGOCOUNSELORS. LLC

Firm/Company

111 E MONUMENT AVE SUITE 305

Address

Kissimmee, FL 34741

City/State and Zip Code

Info@alvizo-gallegocounselors.com

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

For further information concerning this matter, please call:

Myia Thelus

407

498-6057

at ( )

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**

**FILED**

ALVIZO-GALLEG0 COUNSELORS, LLC

2022 MAY 17 AM 8: 16

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/14/2020 and assigned  
Florida document number L20000390562.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**  
Embrace Authenticity Counseling, 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)**

**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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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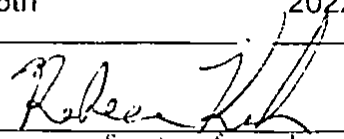
\_\_\_\_\_

**FILED**  
2022 MAY 17 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

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 May 6th 2022

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Rebecca Keck

\_\_\_\_\_  
Typed or printed name of signee