

L21000033681

(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

S-C
07122121



400368357894

06/23/21--01030--008 **25.00

2021 JUN 29 A 11:24
CEN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Mustardseed Aftercare Counseling Services

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:

Regina J. Nevels

Name of Person

Mustardseed Aftercare Counseling Services, LLC

Firm/Company

2123 S. Kirkman Road #175

Address

Orlando, FL 32811

City/State and Zip Code

nevelsregina@yahoo.com

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

For further information concerning this matter, please call:

Regina J. Nevels

313 629-7062
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)

2021 JUN 29 AM 11:21

71177

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mustardseed Aftercare Counseling Services, 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 January 15, 2021 and assigned
Florida document number L21000033681.

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:

Regina J. Nevets

New Registered Office Address:

2123 S. Kirkman Road # 175

Enter Florida street address

Orlando

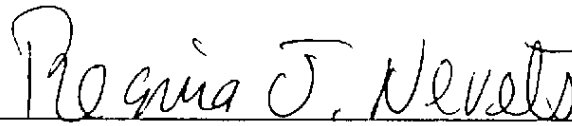
City

Florida 32811

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.


Regina J. Nevets
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>	<u>Type of Action</u>
MGR	Treniecia Sanders	2123 S. Kirkman Road #175	<input checked="" type="checkbox"/> Add
		Orlando, FL 32811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tamara McCarthy	35209 Forest Lake	<input type="checkbox"/> Add
		Leesburgh, FL 34788	<input checked="" 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 JUN 29 AM 11:24

(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)

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.

2021

Phyllis J. Reeves
Signature of a member or authorized person

Signature of a member or authorized representative of a member

Regina J. Nevels

Typed or printed name of signee

Filing Fee: \$25.00