

L21000059141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

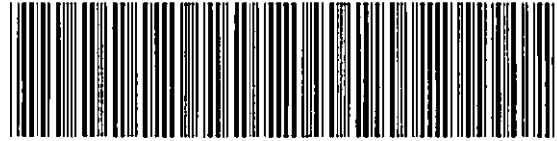
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/07/24--01024--012 **25.00

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2024 OCT -7 PM 2:39
CLERK OF COURT
JULIA M. HARRIS

KK

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Michelle Asencio LMHC - Therapy 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:

Michelle Asencio

Name of Person

Michelle Asencio LMHC - Therapy LLC

Firm/Company

2196 Cedar Springs Way

Address

Clermont, FL 34715

City/State and Zip Code

michelle@letstalkabout.care

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

For further information concerning this matter, please call:

Michelle Asencio

at (407) 7171305

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

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If Changing Registered Agent, Signature of New Registered Agent

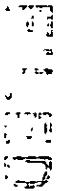
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Timothy Koziol	2196 Cedar Springs Way	<input type="checkbox"/> Add
		Clermont, FL 34715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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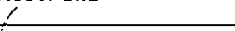
2010-01-17 PM 2:33

2024 OCT -7 PM 12:39

(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.

October 2nd, 2024



Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00