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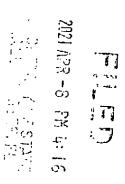
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COVER LETTER

Division of Co		•	
Juanita La: SUBJECT:	rry Riley LMHC, LLC		
3000ECT.	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
	ondence concerning this matter	_	
	Lorraine D. Powell		
		Name of Person	202
	GTL Management, Inc.		2021 NFR -3
		Firm/Company	
	147 Debary Dr.		
	<u> </u>	Address	3. C + 1.
	Debary, Fl. 32713		5
	gtlmgmt51@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	itication)
For further information e	oncerning this matter, please c	all:	
Lorraine D. Powell		407 402-3840 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, F		The Centre of T	
	- 04011	4413 IN. IVIONIO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Juanita Larry Riley, LMHC, LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	<u>v as it now appears on our records.</u>) ability Company)
ne Articles of Organization for this Limited Liability Company v	vere filed on 3/19/2021 and assigned
orida document number L21000129960	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liabil	ity company here:
stor Juanita L. Riley LMHC, LLC	
e new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviating "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	C) 1
	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new regis
ent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
The Troughter of The Canada	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 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>	Address	Type of Action
			□Remove
			28
			□Remove: ¬
			□ Remove: 7
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			□Remove
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not meet the applic	able statutory filing	e than 90 days after f	filing.) Pursuant to 60	05.020 sted as
t not an effective ti	me, at 12:01 a.m. or	the earlier of: (b)	The 90th day aft	ter the
2021	<u> </u>			
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	ic and cannot be prior not meet the applic t of State's records. I not an effective ti	ic and cannot be prior to date of filing or mor not meet the applicable statutory filing t of State's records. I not an effective time, at 12:01 a.m. on	ic and cannot be prior to date of filing or more than 90 days after to not meet the applicable statutory filing requirements, this t of State's records. I not an effective time, at 12:01 a.m. on the earlier of: (b)	filing:

Filing Fee: \$25.00