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(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

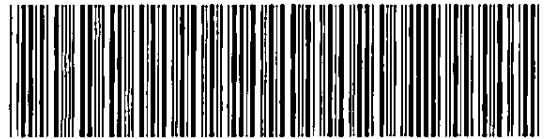
(Business Entity Name)

(Document Number)

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2024 JAN 30 PM 4:27
STATE
FL

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KH
2/13/24

January 26, 2024

To:

Florida Department of State Division of Corporations

Registration Section Division of Corporations

From:

Fishhawk Family Counseling, LLC

16401 Dunlindale Drive

Lithia, FL 33547

(585)690-8799

To Whom it May Concern:

Please see attached application to change the name of my LLC from Fishhawk Family Counseling, LLC to Hope and Wellness Therapy, LLC. My return address and daytime phone number can be found above.

Please let me know if you have any questions.

Kind Regards,



Nicole Hunt

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STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Fishhawk Family Counseling, 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:

Nicole Hunt
Name of Person

Fishhawk Family Counseling, LLC
Firm/Company

16132 Churchview Dr. Ste 201
Address

Lithia, FL 33547
City/State and Zip Code

nicolehunt94@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Hunt at (585) 690-8799
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL
DIVISION OF STATE

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

Fishhawk Family Counseling, 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 3/22/21 and assigned Florida document number L21000173411.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Hope and Wellness Therapy, 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)

16132 Churchview Dr, Suite 209A
Lithia, FL 33547

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16401 Dunlindale Dr
Lithia, FL 33547

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:

16132 Churchview Dr, Suite 209A
Enter Florida street address
Lithia Florida 33547
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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

We are adding a second office location.
The address is: 306 E. Oak Ave, Tampa,
FL 33602

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STATE OF FLORIDA
CLERK OF THE COURT

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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 January 26, 2024.

Nicole Hunt

Signature of a member or authorized representative of a member

Nicole Hunt

Typed or printed name of signee