L21000381808

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21 SE# 20 PH 3: 18

COVER LETTER

TO: Registration So Division of Co					
	Counseling, LLC				
SUBJECT.	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Liz Hall, LMHC				
		Name of Person			
	The Wheel Counseling, LI	LC			
		Firm/Company	,		
	605 W. Belmar St.				
	Address				
	Lakeland, FL 33803				
	lizhall.therapies@gmail.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	ication)		
For further information e	oncerning this matter, please c	all:			
Dean Hall		863 409-8898			
Name o	t Person		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		Street Address:			
Registration S		Registration Sec	tion		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

21 SEP 20 PH 3: 18

The Wheel Counseling, LLC

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

(-1111)	(A Florida Limit	ed Liability Company)	, , , , , , , , , , , , , , , , , , , 	
The Articles of Organization for this Limited Florida document number L21000281808	Liability Compa	ny were filed on August	25 2021	_ and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited li	ability company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designa	ntion "LLC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr	registered officess here:	e address on our record	is, <u>enter the name o</u>	of the new registe
Name of New Registered Agent:	19/74			
New Registered Office Address:	N/A	——————————————————————————————————————		<u> </u>
		Enter Florida sti	reet 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 = M $AMBR = A$	Aanager Authorized Member	Address SE# 20 PH 3: 18	
Title	<u>Name</u>	Address SEF 2	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
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			Change
			□Add
			□ Remove
			□Change
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			□Remove
			[iChange

	be corrected from President (P) and Vice President (VP) to
Authorized Member (AMBR).	51 201 2
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	·
tive date, if other than the date of filing:	(antional)
Tective date is listed, the date must be specific and cannot be pri	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this block does not meet the apple nent's effective date on the Department of State's record	licable statutory filing requirements, this date will not be listed
neite 3 effective date of the Department of State 8 fector	us.
rd enwittee a delayed affecting data but not an affecting	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
iled.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
<u> </u>	
September 17, 70	21.
1/11.00	
- YE DIMUX	
Signature of a member or au	thorized representative of a member

Filing Fee: \$25.00