

121000393824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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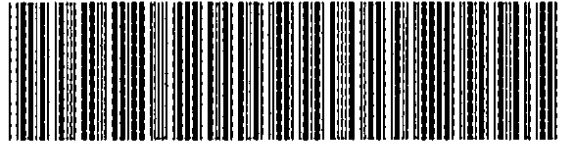
(Business Entity Name)

(Document Number)

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2021 OCT 25
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAUMA AND RESILIENCE CENTER, 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:

MELANIA BENLOLO

Name of Person

MELANIA BENLOLO THERAPIST, LLC

Firm/Company

19300 WEST DIXIE HIGHWAY, SUITE 2

Address

NORTH MIAMI BEACH, FL 33180

City/State and Zip Code

MELANIABENLOLO@GMAIL.COM

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

For further information concerning this matter, please call:

MELANIA BENLOLO

305 444-8283
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)

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**

FILED

TRAUMA AND RESILIENCE CENTER, LLC

2021 OCT 25 PM 3:36

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/26/2021 and assigned
Florida document number L21000383824.

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:

Melania Benlolo Therapist, LLC

New Registered Office Address:

19300 WEST DIXIE HIGHWAY, SUITE 2

Enter Florida street address

NORTH MIAMI BEACH

City

Florida 33180

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 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, 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>
MGR	SHIRO-GELRUD, EDITH	19300 WEST DIXIE HIGHWAY, SUITE 2	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Edith Shiro PsyD PA	19300 WEST DIXIE HIGHWAY, SUITE 2	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BENLOLO, MELANIA	19300 WEST DIXIE HIGHWAY, SUITE 2	<input type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Melania Benlolo Therapist, LLC	19300 WEST DIXIE HIGHWAY, SUITE 2	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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.



[Handwritten signature]

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00