L21000402239

Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DANIELLE CHACKMAN THERAPY SERVICES, LLC

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T. L.

SEP 20 2023

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: DANIELLE CHACKMAN THERAPY SERVICES, 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:

LOVETTE DOBSON
Name of Person

Firm/Company

17350 STATE HWY 249 #220
Address

HOUSTON TX 77064
City/State and Zip Code

EFILE1234@INCFILE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at ( ) 8884623453
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DANIELLE CHACKMAN THERAPY SERVICES, 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 09/15/2021 and assigned Florida document number L21000408239.

This amendment is submitted to amend the following:

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

Talk Therapy Solutions, 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) _____

_____

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: _____

New Registered Office Address: _____
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 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:

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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D. If adding any other information, enter change(s) here: *(Attach additional sheets if necessary.)*

* Effective date, if other than the date of filing: _____ (optional)

[illegible] must be specific and cannot be prior to date [illegible] other filing [illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the [illegible] date on the Department of State's records.

** Specify effective date but not an effective time at 12:01 a.m. on the earlier of five (5) business days or 90 days after the [illegible]

*** September 18 2023

Danielle Chackman

**** Signature of a member or authorized representative of a member

Danielle Chackman

***** Typed or printed name of signer

Filing Fee: $25.00