

121 000 472 049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

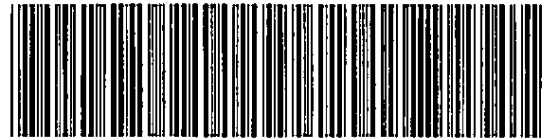
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 10 2021  
TALLAHASSEE, FL

2021 NOV 17 AM 10:58

FILED

C. BRUMBLEY  
DEC - 9 2021

Angela Mastropiero  
Elite EMDR & ETherapy  
2657 Nectarine Road  
Deland, Florida, 32724

Dear Sirs

I, Angela M Mastropiero, am the Registered agent and owner of the Florida LLC Elite EMDR. My filing date was November 1st of 2021. My filing number was L2 1 0 0 0 4 7 2 0 4 9.

I neglected to insert the additional **and ETherapy** in my original filing. Therefore I am filing this amendment to my articles of organization requesting that my name be officially changed from Elite EMDR, LLC to **Elite EMDR and ETherapy, LLC** effective November 1st, 2021. Thank you so much, I have enclosed a check for the \$60 filing fee for certificate of status and certified copy. I can be reached at the following [njsocialworker@gmail.com](mailto:njsocialworker@gmail.com) or 732-569-4594.

Nothing else about my LLC has changed.

Thank you,

Angela Mastropiero

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ELite EMDR, 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:

Angela M Mastropiero  
Name of Person

Elite EMDR  
Firm/Company

2657 Nectarine Road  
Address

Deland, Florida 32724  
City/State and Zip Code

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

For further information concerning this matter, please call:

Angela M Mastropiero at 732 569-4594  
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**

Elite EMDR 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 11/01/2021 and assigned Florida document number L21000472049

This amendment is submitted to amend the following:

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

Elite EMDR and ETherapy, LLC

Elite EMDR and ETherapy, 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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

n/a

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.

n/a  
If Changing Registered Agent, Signature of New Registered Agent



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

n/a

E. Effective date, if other than the date of filing: 11/01/2021 (optional)

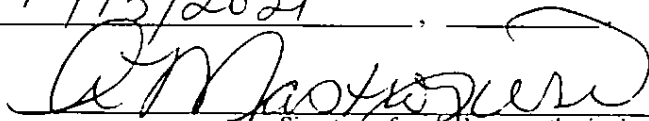
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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

11/15/2021



Signature of a member or authorized representative of a member

Angela M Mastropiero

Typed or printed name of signee