

L22 000 018 991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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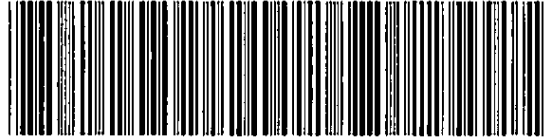
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Spring Hill Multi-Cultural Counseling

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:

Wandaliz Marrero

Name of Person

Firm/Company

4698 Mariner Blvd

Address

Spring Hill, Florida 34609

City/State and Zip Code

wmarrero.lmhc@gmail.com

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

2024 JAN -8 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Wandaliz Marrero

484 258-4553

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

Spring Hill Multi-Cultural 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 January 10, 2022 and assigned
Florida document number L22000018991.

This amendment is submitted to amend the following:

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

MentallyU 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)

5535 Grand Blvd (Suite A)

New Port Richey, Florida 34652

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4698 Mariner Blvd

Spring Hill, Florida 34609

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:

Wandaliz Marrero

New Registered Office Address:

5535 Grand Blvd (Suite A)

Enter Florida street address

New Port Richey

Florida 34652

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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
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_____	_____	_____	☐ Change

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-01-2001 BY 60322
1042

01/15/2024 12:01am

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.

Dated January 02 2024

Signature of a member or authorized representative of a member

WANDALIZ MARRERO

Typed or printed name of signee

Filing Fee: \$25.00