L22000046342

	(Requestor's Name)	
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•	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
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	(Document Number)	
Certified Copies	_ Certificates of S	tatus
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TALLAHASSEE, FLORIOA



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Guardian Virtual	I, LLC	
Please Debit FC/	A000000003 For: 25	
Thank you Seth I	Neelev	
1-4-	/ /	
	· · · · · · · · · · · · · · · · · · ·	Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
1		Fictitious Search
	<u></u>	Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
		UCC !! Search
Name	Date Time	UCC I Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUARDIAN VIRTUAL, LLC

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(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now app ited Liability Compan	cars on our re y)	cords.) TALLAHASSEÉ, FĽÓRÍÐA
The Articles of Organization for this Limited Liability Comp	any were filed on	02/07/2022	= * *
Florida document number L22000046342	any were med on		and assigned
nonua document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	here:	
GUARDIAN RECOVERY - VIRTUAL COUNSELING, LLC			
The new name must be distinguishable and contain the words "Limited I	liability Company," th	e designation :	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:			
New Registered Office Address:			
	Enter I	lorida street aa	ddress
			, Florida
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compactions of the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance as provided for i	of my dutie. n Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
	Changing Registered		

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
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Filing Fee: \$25.00