

L22000086684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entry Name)

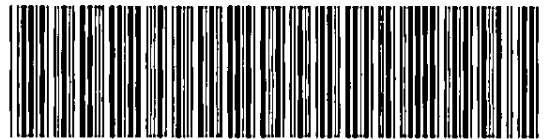
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2022 MAR 18 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 MAR 18 PM 4:08

MAR 21 2022

D CONNELL



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 03/18/2022

Name: Jennifer Bialowas

Reference #: 1624050

Entity Name: A HAPPIER YOU COUNSELING, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion


☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Correction

Authorized Amount: 25.00

Signature: 



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Account#: 1200000000088

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Signature: 

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A Happier You Counseling, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alexsey Goodman

\_\_\_\_\_  
Name of Person

A Happier You Counseling, LLC

\_\_\_\_\_  
Firm/Company

6420 NW 72ND PL

\_\_\_\_\_  
Address

Parkland, FL 33067

\_\_\_\_\_  
City/State and Zip Code

alexsey2011@gmail.com

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

For further information concerning this matter, please call:

Alexsey Goodman

561

400-1525

\_\_\_\_\_  
Name of Person

at (

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: A Happier You Counseling, LLC

**SECOND:** The Florida Document number of the limited liability company is: L22000086684

**THIRD:** Document to be corrected is: Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

AMBR name shows as ALEXSEV GOODMAN the V needs to be changed to a Y

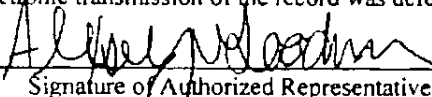
Should read ALEXSEY GOODMAN

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

  
Signature of Authorized Representative

3/11/22  
Date

FILED  
2022 MAR 18 PM 3:20  
TALLAHASSEE, FL 32301  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)**