L22000102782

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6. H. H. ...

Cover Letter 6

Name: Amy Meinig

Phone:

Address:

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
	: Counseling, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Amy Meinig		
		Name of Person	
	Spring Oak Counseling, L	LC	
		Firm/Company	
		Address	
			• • • • •
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please co	all:	
Amy Meinig		ot ()	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration (Street Address:	ction
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spring Oak Counseling, LLC		
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our records. mited Liability Company))
The Articles of Organization for this Limited Liability Com	npany were filed on 2/28/2022	and assigned
Florida document number L22000102782		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
A New Leaf Counseling, LLC		
he new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC"	or the abbreviation FL.L.C."
Enter new principal offices address, if applicable:		<u>-</u>
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		:.
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		€.
Stilling understant DE TITOST OF FEE BONY		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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 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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Add
			□Remove
			□Change
			Remove
			C3 □Add
			□Remove
			□Remove
			Change
			□Add
			□Remove
			□Chapus

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Walt 4748	· .
Tective date, if other than the date of filing:	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 applicable statutory filing requirements, this date will not be liste records.
ecord specifies a delayed effective date, but not an effe is filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
tted May 7 202-	
dm M	orgathorized representative of a member
	<u> </u>