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COVER LETTER

TO: Registration Section

Div	ision of Co	rporations				
0110 111 0W	VIP Family Counseling LLC					
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Melissa Marcano				
		-	Name of Person			
			Firm/Company			
		1024 Mandarin Way				
			Address			
		Haines City, Fl 33844				
		melissamarcanol@aol.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report no	otification)		
For further in	iformation c	oncerning this matter, please c	all:			
Melissa Mar			863 873-3384 at ()			
	Name o	f Person	Area Code Dayti	ime Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ling Addres		Street Address:	action		
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O	. Box 632	7	The Centre of			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIP Family Counseling LLC					
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record Liability Company)	<u>15.</u>)			
e Articles of Organization for this Limited Liability Company were filed on 3/7/22 and assigned orida document number L22000113833					
This amendment is submitted to amend the following:					
Ç					
A. If amending name, enter the new name of the limited lia	bility company here:				
he new name must be distinguishable and contain the words "Limited Liab	oility 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)					
2 A					
Enter new mailing address, if applicable:		<u> </u>			
Mailing address MAY BE A POST OFFICE BOX)					
	• •				
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registe			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street addre:	r,s			
		orida			
	City	гір Соае			

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>	<u>Name</u>	Address	Type of Action
AP	Uriel Henry	1024 Mandarin Way	
		Haines City FL 33844	≅Remove
			Change
CEO	Melissa Marcano	1024 Mandarin Way	≡ Add
		Haines City, fl 33844	□Remove
			□Add
			Remove
			Change
			Ddd
			Remove
			[]Change
			□Remove
			Change
			□∧₫d
			Remove
			☐ Change

-	
	
(If an effecti Note: If t	date, if other than the date of filing:
If the record sprecord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	4 77 2022
	m / m
	Signature of a member or authorized representative of a member
	Melissa Marcano

Typed or printed name of signee