

L22000114638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

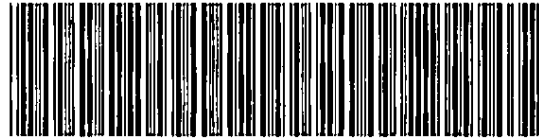
(Business Entity Name)

(Document Number)

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JUL 11 2022  
JUL 11 2022

JUL 12 2022

M. SOLOMON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACKNOWLEDGE U COUNSELING & CONSULTING SERVICES  
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:

TAKIYAH JOSEPH  
Name of Person

ACKNOWLEDGE U COUNSELING & CONSULTING SERVICES  
Firm/Company

5455 VERNA BLVD. #37694  
Address

JACKSONVILLE, FL 32236  
City/State and Zip Code

takiyah+joseph@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAKIYAH JOSEPH at ( 904 ) 370-3282  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|---|--|

**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

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

ACKNOWLEDGE U COUNSELING & CONSULTING SERVICES, 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 3/5/22 and assigned  
Florida document number L22000114638.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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>
MGRM	CHARLENE SMITH	5455 YERNA BLVD. #37694 JAX, FL 32236	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 21, 2022

Charlene Smith  
Signature of a member or authorized representative of a member

CHARLENE SMITH  
Typed or printed name of signee



~~RECEIVED~~  
Sent email #2 on  
6/28/22

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2022

TAKIYAH JOSEPH  
ACKNOWLEDGE U COUNSELING & CONSULTING  
5455 VERNA BLVD. #37694  
JACKSONVILLE, FL 32236

SUBJECT: ACKNOWLEDGE U COUNSELING & CONSULTING SERVICES,  
LLC  
Ref. Number: L22000114638

We have received your document for ACKNOWLEDGE U COUNSELING & CONSULTING SERVICES, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Missing 1st page of amendment form. Please complete and return to my attention at your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 322A00013549

RECEIVED  
JUL 11 2022