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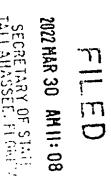
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PICK-UP WA	IT MAIL
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		•
SUBJECT:	Healing & 7	Therapy Counseling Group, LL	.c	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jorge Benitez-Gomez		
			Name of Person	
			Firm/Company	
		17505 NW 67th Place # E		
			Address	
		Hialeah, FL 33015		
			City/State and Zip Code	
		jbgcounseling@gmail.com	to be used for future annual report no	
For further in	nformation co	e-man address: (concerning this matter, please of		uncation)
Jorge Benite	z-Gomez		786 252-7225	
	Name of	Person		ne Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address		Street Address:	antine
	gistration S vision of C	orporations	Registration So Division of Co	
	D. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALING & THERAPY COUNSELING GR	ROUP, LLC	2022 H SECF
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our record Limited Liability Company)	
The Articles of Organization for this Limited Liability Conformation Florida document number L22000115885 This amendment is submitted to amend the following:		30 and assisted D
· ·		, ω
A. If amending name, enter the new name of the limi	ted liability company here:	
Jorge Benitez-Gomez LMHC, LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	·
Enter new mailing address, if applicable:		
• • •		
(Mailing address MAY BE A POST OFFICE BOX)		
		-
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ee ee
	ធ	orida
	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>	<u>Name</u>	Address	Type of Action
	 -		□ Add
			□Remove
			Change
			□ Add
			□Remove
			☐Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			☐Change
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			□Change
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			□Remove
			□Change

New email: jbgcounse	.ing@gmail.com		<u>.</u>		
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Fective date, if other that n effective date is listed, the d	in the date of filing:	nnot be prior to date		(optional)	cuent to 605 0207
ote: If the date inserted in current's effective date on	this block does not mee	t the applicable st	atutory filing requir	rements, this date will	not be listed as
ecord specifies a delayed e is filed.	ffective date, but not an	effective time, at	12:01 a.m. on the e	arlier of: (b) The 90t	th day after the
March 22 ted		2022			
	Orix				
	Signature of a men	nber or authorized re	presentative of a me	mber	<u>_</u>

Filing Fee: \$25.00