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COVER LETTER

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TO: Registration Section Division of Corporations

Living Bridges Counseling

SUBJECT: _

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:

Madeline Hernandez

Name of Person

Firm/Company

2433 Quiet Waters Loop

Address

Ococe Florida 34761

City/State and Zip Code

madelineallencounseling@gmail.com

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

817 at (_____

Area Code

For further information concerning this matter, please call:

Madeline Hernandez

Name of Person

Enclosed is a check for the following amount:

🗇 \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)

2010842

\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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

Davtime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Living Bridges Counseling

(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 June 06, 2022 and assigned Florida document number L22000257721

This amendment is submitted to amend the following:

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

Madeline Hernandez Counseling LLC

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:	N/A	 ~	
(Principal office address MUST BE A STREET ADDRESS)		024	
		EB	
		 	[
Enter new mailing address, if applicable:	N/A	 SSC P	1 11
(Mailing address MAY BE A POST OFFICE BOX)			0
		 12	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street ad	dress
	, 	Florida
	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	Address	Type of Action
			🗆 Add
			🗆 Remove
			□Change
			🖸 Add
			🗆 Remove
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D. If amending any other information, enter change(s) here: tAttach additional sheets, if necessary.)

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Effective date, if other than the (If an effective date is fisted, the date mus <u>Note:</u> If the date inserted in this bl document's effective date on the D	t be specific and cannot be prior to c ock does not meet the applicable	late of filing or more than 90 day e statutory filing requirement	optional) safter filing.) Pursuant to 605 0207 (3)0 s, this date will not be listed as the
he record specifies a delayed The 90th day after the rec	l effective date, but not a ord is filed.	n effective time, at 12:	01 a.m. on the earlier of:
Dated February 13th	2024		
	mut	A	
	Signature of a member or authorize		
made	line Herna Typed or printed n	neez	
	Typed or printed n	ame of signee	

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Filing Fee: \$25.00