haa000377784

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2022 SEP -6 PH 2: 45 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Div	ision of Co	rporations		
SUBJECT:	THERAPY	COUNSELING & WELLNE	SS LLC	
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:	
		MARIA V RIVAS		
			Name of Person	
		THERAPY COUNSELIN	G & WELLNESS LLC	
			Firm/Company	
		9925 SW 139TH ST		
			Address	
		MIAMI, FL 33176		
			City/State and Zip Code	
			WELLNESS@GMAIL.COM to be used for future annual report noti	()
For further in	formation c	oncerning this matter, please co		incanon
MARIA V R	UVAS		786 556-8507	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	iling Fec	■ \$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)
Reg	ing Addres	Section	Street Address: Registration Sec	
Divi	ision of C	orporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THERAPY COUNSELING & WELLNESS 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 Lia Florida document number 1.22000377784	ability Company	were filed on 08/29/2022	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liah	oility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	9925 SW 139TH ST	
(Principal office address MUST BE A STREET		MIAMI, FL 33176	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E		9925 SW 139TH ST MIAMI, FL 33176	2022 SEP - SECRETALLAI
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	gistered office s here:	address on our records, <u>e</u>	nter the name of the new registere
	9925 SW 139T	TH ST	
New Registered Office Address:		Enter Florida street a	ddress
	MIAMI		, Florida <u>33176</u>
	 	City	Zip Code
New Registered Agent's Signature, if changing R	egistered 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

	Ç-	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MARIA V RIVAS	9925 SW 139TH ST	□Add
		MIAMI, FL 33176	
			■ Change
AMBR	KEVIN D ALEMAN	9925 SW 139TH ST	□Add
		MIAMI, FL 33176	□Remove
			= Change
			\ \ \ \ \ \ \
			□Change
	 		
			□Remove
			□Add
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lf an effe <u>Note:</u>	ve date, if other than the date of filing:
e record	I 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 ed.
Dated ₋	spptember 1 2022.
	\mathcal{M}
	Signature of a member or authorized representative of a member