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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	≘ #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations	
SUBJECT: Meadows Premier Counseling Name of Limited Liability Company	<i>A</i> *
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Carol Enckson Name of Person	
Firm/Company	
1558 ravana dr Address	
Orlando FL 32822. City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Carol Enckson at 321 442 - 5951 Name of Person at 321 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$\Bigsquare \frac{\$25.00}{\$25.00}\$ \text{ Filing Fee & Gertificate of Status} \text{ \$\Bigsquare \text{S55.00}} \text{ Filing Fee & Gertificate of Status} \text{ \$\Bigsquare \text{Certified Copy (additional copy is enclosed)}} \text{ \$\Bigsquare \text{S60.00}} \text{ Filing Fee & Gertificate of Status} \text{ \$\Bigsquare \text{Certified Copy (additional copy is enclosed)}} \$\Bigsquare \text{Certified Copy	tus &

TO:

Registration Section

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

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

Meadows Premier	Counseling
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L2200418272</u>	on Sept Zlo, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	any here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	," the designation "L.L.C." or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	our records, enter the name of the new registere
	2022 SE TAL
Name of New Registered Agent:	75 S TI
New Registered Office Address:	255
	ter Florida street address

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.

City

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>	Name	Address	Type of Action
MGR	Carol Enckson	1558 Ravana dr	Xdd
		1558 Ravana dr Orlando FL	□Remove
		32822	□Change
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
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			□Remove
			□Change
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			□Change
			□Add
			□Remove
			□Change

_	
	
If an effec <u>Note:</u> If	e date, if other than the date of filing:
e record ed is filed	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 l.
Dated _	Oct 11 2022
	Signature of a member or authorized representative of a member
	Cogoi Figure 0