

h22000452092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

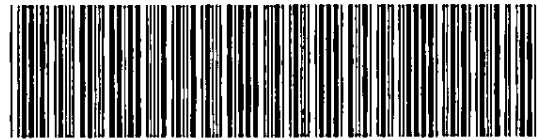
(Business Entity Name)

(Document Number)

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12/27/2022 10:00:00

DEC 27 2022

20221227 10:00:00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Celena A. Heine Therapy Services LLC

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:

Dr. Celena Ann Heine

Name of Person

Dr. Celena A. Heine Therapy, LLC

Firm/Company

3322 Bennett Acres Place

Address

Dover, FL. 33527

City/State and Zip Code

celenaheineBCN@proton.me

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

For further information concerning this matter, please call:

Dr. Celena A. Heine

Name of Person

at ( 813 ) 312-3919

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 type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" 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

7-11-2027 11:11:30

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I am only adding the Dr and deleting services from the title. Also, using my physical address for the mailing address and no longer using the filing company's St. Petersburg address.

2024-07-27 11:30

E. Effective date, if other than the date of filing: 12/20/2022 (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 12/20/2022, 5:30pm

Dr. Colene A. Heine PhD, LMHC

Signature of a member or authorized representative of a member

Dr. Celena A. Heine

Typed or printed name of signee

**Filing Fee: \$25.00**