L23 0000 70889

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| oposie, menecialis te i ming omes. |
| |
| |
| |
| |
| |
| |

Office Use Only



500402722005

02.21/21 -01000 015 ***-**25.00

COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: NATAL | A GERMAN Cou | nSeling Secvices; ited Liability Company | LLC |
|--|--|---|--|
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | _NATALIA | GERMAN Name of Person | |
| | _ | en Couseling Ser Firm/Company | rnces, LCC |
| | 220 ERIE DI | R NARIES FL 34 | <u>,</u> |
| | NATHUA DO MOR | City/State and Zip Code | |
| For further information co | E-mail address: (| n D423 OC man Com to be used for future annual report not all: | tification) |
| NATALIA GEA | LLAn(| at (239) 919-91 | 930 |
| Name of | Person | Area Code Daytir | ne Telephone Number |
| Enclosed is a check for the | e following amount: | | |
| S25.00 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) |
| Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F | ection orporations | Street Address: Registration So Division of Co The Centre of | orporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATALIA GERMAN Counseling Services, LLC

(Name of the Limited Liability Company as in now appears on our records.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Li | iability Company were filed on <u>0</u> 2 | -8-33 and assigned |
|---|--|--|
| Florida document number <u>L23 000070 8</u> 2 | <u>99 </u> | |
| This amendment is submitted to amend the follo | owing: | |
| A. If amending name, enter the new name of | f the limited liability company here: | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | |
| (Principal office address MUST BE A STREE | T ADDRESS) | |
| | | <u></u> |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | <u></u> | |
| | | · · · · · · · · · · · · · · · · · · · |
| | | |
| B. If amending the registered agent and/or ragent and/or the new registered office addresses. | | as, enter the name of the new registered |
| | 11,000 | |
| Name of New Registered Agent: | NATALIA GERMAN | |
| New Registered Office Address: | 220 ERIE DR Enter Florida : | treet address |
| | NAPIES | Florida <u>34110</u> |
| | 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 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> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|---------------------------------------|----------------|
| MGR | Stephen German | 220 ERIE DR WAPRES | BUNO BADO |
| | | | Remove |
| | | | □ Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | |
| | | | |
| | | | Change |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | |
| | | | □Change |
| | | | |
| | | | 🗆 Remove |
| | | | □Change |

| | <u>_</u> . | | <u> </u> |
|--|--|--|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | · | : : |
| - | <u> </u> | - | |
| | | | <u> </u> |
| | | <u></u> | |
| | | _ | · · · · · · · · · · · · · · · · · · · |
| | | 1 | |
| | | <u> </u> | |
| | | | |
| ote: If the date inserted in this | the date of filing: must be specific and cannot be prior to date s block does not meet the applicable st e Department of State's records. | (optional of filing or more than 90 days after filin atutory filing requirements, this dat | g.) Pursuant to 605.020 |
| ecord specifies a delayed effer is filed. | ctive date, but not an effective time, at | 12:01 a.m. on the earlier of: (b) T | The 90th day after the |
| ted02-00/2/20 | 23 | | |
| Andre | Signature of a member or authorized r | epresentative of a member | |