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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

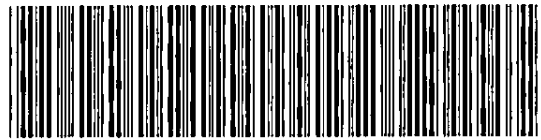
(Business Entity Name)

(Document Number)

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04/17/23--01016--017 **25.00

2023 APR 17 PM 2:38
FILING

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Professional Office Group, 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:

Heather Jackson

Name of Person

Firm/Company

256 Carson Oaks Ln

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

hjackson256@outlook.com

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

For further information concerning this matter, please call:

Heather Jackson

850

974-1793

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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 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**

Professional Office Group, 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 Liability Company were filed on 03/22/2023 and assigned
Florida document number 1.23000145628.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

107 Amar Place, Ste. 102

Enter Florida street address

Panama City Beach

City

Florida 32413

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Professional Recovery Associates	22600 Panama City Beach Pkwy	<input type="checkbox"/> Add
		Panama City Beach, FL 32413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Baxley Design and Drafting	22600 Panama City Beach Pkwy	<input type="checkbox"/> Add
		Panama City Beach, FL 32413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mitch Baxley	107 Amar Place, Suite 102	<input checked="" type="checkbox"/> Add
		Panama City Beach, FL 32413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFO	Taylor Jackson	22600 Panama City Beach Pkwy	<input type="checkbox"/> Add
		Panama City Beach, FL 32413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Heather Jackson, MS, LMHC, LLC	107 Amar Place, Suite 102	<input type="checkbox"/> Add
		Panama City Beach, FL 32413	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2026 APR 17 PM 2:38
SUNNY
FALLS, ILL.

2025 MAR 17 PM 2:38
FALLS CHURCH VA

(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)

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 April 4, 2023

Flather C. Wren

Signature of a member or authorized representative of a member

Heather Jackson, President, Heather Jackson MS LMHC, LLC

Typed or printed name of signee