123000182835

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COVER LETTER

TO:	Registration Se Division of Cor	ection porations	•	•		
CHRID		youcounselingcenter LLC				
SUBJE	CI:	Name of Lin	nited Liability Company			
The enc	losed Anicles of	Amendment and fee(s) are sub	omitted for filing.			
Please n	eturn all correspo	ondence concerning this matter	to the following:			
		Shakira Maldonado				
			Name of Person			
		Gatewaytoyoucounselingo	center LLC			
			Firm/Company	···· •		
		1695 SW 116th Ave				
			Address			
		Pembroke Pines, FL 3302	5			
			City/State and Zip Code			
		shakiramaldonado306@gn				
		E-mail address; (to be used for future annual report not	fication)		
For furth	ner information c	oncerning this matter, please c	all:			
Shakira	Maldonado		646 671-4293			
	Name o	f Person		e Telephone Number		
Enclosed	d is a check for th	ne 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	_	Street Address:	ant and		
	Registration S Division of C		Registration Se			
	P.O. Box 632	-	Division of Corporations The Centre of Tallahassee			
	Tallahassee, F	⁷ L 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gatewaytoyoucounselingcenter LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L23000182835</u>	Company were filed on 04/13/2023	and assigned ယ
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Gateway To You Mental Health Counseling Center PLLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	DECC!	
Frincipal office duaress MOST DE ASTREET ADDI		
	-	
Enter new mailing address, if applicable:	 	
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) articles of Organization for this Limited Liability Company were filed on (14/13/2023) and assigned a document number 123000182835 Immendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: vary To You Mental Health Counseling Center PLLC we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered Agent: Name of New Registered Agent: New Registered Office Address:	
		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 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
			□Add
		.	□ Remove
			□Change
***************************************			□ Add
			□Change
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			□Remove
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n effective o te: If the	date is listed, the dat date inserted in th		nd cannot be prior to meet the applica			i al) ling.) Pursuant to 605.020 late will not be listed a	
ecord speci is filed.	ifies a delayed eff	lective date, but no	ot an effective tir	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after th	c
						- :	9694 Alles
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ited	Sha	Kita Ti	Møldona	(O rized representative o		(7)	