

L23000452067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

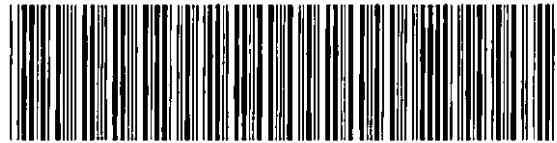
(Business Entity Name)

(Document Number)

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## COVER LETTER

**FO: Registration Section  
Division of Corporations**

St Lucie Counseling and Clinical Hypnosis, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Robert Babkie

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Name of Person

St Lucie Counseling and Clinical Hypnosis LLC

Firm/Company

10293 SW Village Pkwy, Apt 304

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Address

Port St Lucie, FL, 34987

City/State and Zip Code

babkie@gmail.com

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

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

For further information concerning this matter, please call:

Robert Babkie

203 856-3600

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Name of Person

at (\_\_\_\_\_)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2023

ROBERT BABKIE  
ST LUCIE COUNSELING AND CLINICAL HYPNOSIS  
10293 SW VILLAGE PKWY, APT 304  
PORT ST LUCIE, FL 34987

SUBJECT: ST LUCIE COUNSELING AND CLINICAL HYPNOSIS, LLC  
Ref. Number: L23000452067

We have received your document for ST LUCIE COUNSELING AND CLINICAL HYPNOSIS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring  
Regulatory Specialist III  
Internet Support

Letter Number: 823A00024497

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

St Lucie Counseling and Clinical Hypnosis, 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 09/29/2023 and assigned  
Florida document number 123000452067.

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:

*Enter Florida street address*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
Mr.	Robert Babkie	10293 SW Village Pkwy, Apt 304	<input type="checkbox"/> Add
		Port St Lucie, FL 34987	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ROBERT BABKIE	10293 SW VILLAGE PKWY	<input checked="" type="checkbox"/> Add
		APT 304	
		PORT ST LUCIE, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

I am just changing Authorized Person(s) from "None" to my name, see above - Robert Babkie

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(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 \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee