

L24 000 160 875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

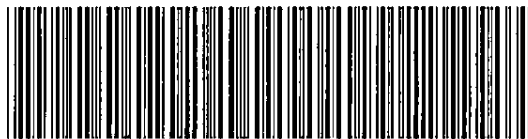
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800453649268

07/07/25--01019--024 **80.00

FILED
25 JUL -7 PM 3:16
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

**TO: Registration Section,
Division of Corporations**

SUBJECT: PROFESSIONAL COUNSELING VBCP, 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:

Ray Gonzalez
Name of Person
PROFESIONAL COUNSELING VBGP . LLC
Firm/Company
1925 20TH ST
Address
VERO BEACH, FL 32966
City/State and Zip Code
Ray@verocounseling .com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ray Gonzalez	917	428-6519
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

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

(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.

Date: 7/2 2025

Signature of a member or authorized representative of a member

RAY GONZALEZ
Typed or printed name of signer

Filing Fee: \$25.00