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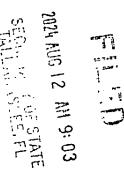
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## **COVER LETTER**

Div	ision of Cor	porations				
SUBJECT:	Mobile Counseling Services, LLC					
SUBJECT	<del></del>	Name of Limited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
		ndence concerning this matter				
		Keith Marks				
			Name of Person			
		Mobile Counseling Service	es, LLC.			
			Firm/Company			
		103 North Orange St. Unit	E			
			Address	<del></del>		
		New Smyrna Beach, FL 32	1168			
		kmarks,mcs@outlook.com	City/State and Zip Code			
			to be used for future annual report notif	ication)		
For further i	information c	oncerning this matter, please ca	all:			
Keith Mark	s		321 239-4124 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for the	he 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)		
				2024 SEC Ta		

Mailing Address:

TO:

**Registration Section** 

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

2024 AUG 12 AM 9: 03

CEASE IN

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mobile Counseling Services, LLC					
(Name of the Limited Lia (A Flo	ability Company a orida Limited Liabi	s it now appears on our recor lity Company)	<u>ds.</u> )		
The Articles of Organization for this Limited Liability Florida document number 1.24000177614	ly Company we	re filed on <u>04/15/2024</u>	and assigned		
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the l	limited liability	company here:			
The new name must be distinguishable and contain the words "	Limited Liability (	lompany," the designation "LL	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	•	103 North Orange St. Unit E			
(Principal office address MUST BE A STREET AD		New Smyrna Beach, FL 32168			
	_				
	ı	03 North Orange St. Unit E			
Enter new mailing address, if applicable:	_ N	New Smyrna Beach, FL 32168			
(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 her  Name of New Registered Agent:  Ke		ress on our records, <u>ente</u>	r the name of the new registered		
New Registered Office Address: 10	3 North Orange				
	Enter Florida street address				
Ne	New Smyrna Beach		, Florida 32168		
N. D. A. A. L. A. Cinneture if shanning Designation	tored Agent:	City	•		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the registered company has been notified in writing of this change	ent and agree of the complete per set agent as pro- stered office ad age.	rformance of my duties, wided for in Chapter 605	and I am familiar with and I.  F.S. Or; if this document is hat the limited liability  Strain		

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>	Type of Action
AMBR	Caroline Marks	103 North Orange St. Unit E	□Add
		New Smyrna Beach, FL 32168	□Remove
			<b>⊟</b> Change
AMBR	Keith Marks	103 North Orange St. Unit E	🗀 Add
		New Smyrna Beach, FL 32168	⊡Remove
			■Change
			□Remove
			□Change
			□Add
			⊡Remove
			□Change
			DAdd  CRemove "
			20 Add Parketter Strate
			□Remove
			□ Change

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ective date, if other than the d	ate of filing:		_ (optiona	ıl)	
ective date, if other than the deflective date is listed, the date must be	e specific and cannot be prio	r to date of filing or more	than 90 days after fili	ng.) Pursuant	to 605.026
<u>te:</u> If the date inserted in this bloc ument's effective date on the Dep			equirements, this da	55	<u> </u>
					AUG
cord specifies a delayed effective of	date but not an effective t	time at 12:01 a.m. on	the earlier of: (h)	The 90th day	
s filed.	date, our not an effective	ane, at 12.01 a.m. on	me currer on (v)	G2	
ed	2024			S TS	9: 03
<u></u>		·		L KE	03
<del></del>	ignature of a member or auth	norized representative of	a member	<u>-</u> -	

Filing Fee: \$25.00