L24000432178

(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
J. HORNE
J. HORNE NOV - 6 2024





000438113300

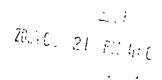
2014 CC | 21 | 11 | 1 | 10 |

COVER LETTER

	Division of Co			
SUBJEC		seling, LLC		
JUDJEC		Name of Lim	ited Liability Company	
The enck	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Rachele Epp		
			Name of Person	
			Firm/Company	
		8260 College Pkwy, Suite	202	
			Address	
		Fort Myers, FL 33919		
			City/State and Zip Code	
		rachele@eppcounseling.com	m to be used for future annual report no	Nification)
For furth	er information	concerning this matter, please c	·	incator,
Rachele	Ерр		239 933-7400	
	Name	of Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for	the following amount:		
\$25.0	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)
	P.O. Box 63	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations Tallahassee
	Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Epp Counseling, LLC		
(Name of the Limite)	d Liability Company as it now appears on o A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Lia Florida document number L24000432178		8. 2024 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
	 	
B. If amending the registered agent and/or reagent and/or the new registered office address	••	s, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	E. Clark	and the second
	Enter Florida str	eet aaaress
	City	, Florida 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
AMBR	Lyman Epp	8260 College Pkwy	□ Add
		Suite 202	≣Remove
		Fort Myers, FL 33919	
			□Add
			□Remove
			□ Change
			□ Add
			□ Remove
			□ Change
			
			□Remove
			□ Change
			□Add
			Remove
			Change
			🗖 Add
			Remove
			□Change

			
	<u>, , , , , , , , , , , , , , , , , , , </u>		
		·- ·	
		<u> </u>	
	 		
		·····	*
Tective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block occument's effective date on the Department.	e specific and cannot be prior to c does not meet the applica	o date of filing or more than 90	(optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as
record specifies a delayed effective d is filed.	ate, but not an effective tir	ne, at 12:01 a.m. on the earl	ier of: (b) The 90th day after the
October 18	2024		
Rochele &))))) member or authority	rized representative of a memb	er
71 St			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Epp Counseling, LLC

7621 project 21 L: 05

(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 October 8, 2024 and assigned Florida document number L24000432178 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 "LLC." 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ____

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Lyman Epp	8260 College Pkwy	
		Suite 202	- · · · · · · · · · · · · · · · · · · ·
		Fort Myers, FL 33919	□ Change
			□Add
			□Remove
			Change
			□ Change
			
			□ Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			□ Add
			Remove
			□Change

	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 lock does not meet the applicable statutory filing requirements, this date will not be listed	
d is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
October 18 Dated	2024	
Rochele	2024 Signature of a member or authorized representative of a member	
C Rachele Epp	•	
rachele Lpp		