

MI80000007365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

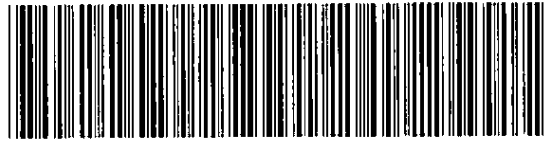
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
TALLAHASSEE, FLORIDA

2023 OCT 23 PM 1:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

MAGNOLIA COUNSELING SERVICES, LLC

**SUBJECT:** \_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA COLLARD

\_\_\_\_\_  
Name of Person

MAGNOLIA COUNSELING SERVICES, LLC

\_\_\_\_\_  
Firm/Company

2406 CYPRESS GLEN DR, STE 101

\_\_\_\_\_  
Address

WESLEY CHAPEL, FL 33544

\_\_\_\_\_  
City/State and Zip Code

PATRICOLLARD1MSW@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICIA COLLARD 813 943-9600  
\_\_\_\_\_  
Name of Person at ( ) Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
MAGNOLIA COUNSELING SERVICES, LLC  
State: \_\_\_\_\_

Enter new principal office address, if applicable: 2406 CYPRESS GLEN DR, STE 101  
WESLEY CHAPEL, FL 33544  
**(Principal office address)**  
**MUST BE A STREET ADDRESS**

Enter new mailing address, if applicable: 2406 CYPRESS GLEN DR, STE 101  
WESLEY CHAPEL, FL 33544  
**(Mailing address)**  
**MAY BE A POST OFFICE BOX**

2. The Florida document number of this limited liability company is: M18000007365  
3. Jurisdiction of its organization: STATE OF FLORIDA  
4. Date authorized to do business in Florida: AUGUST 6, 2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: 2406 CYPRESS GLEN DR, STE 101

Enter Florida Street Address  
WESLEY CHAPEL, \_\_\_\_\_, Florida 33544  
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.*

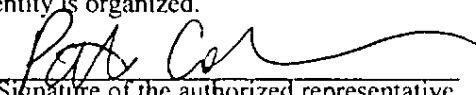
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: . . . . .

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative  
PATRICIA COLLARD

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2023 OCT 23 PM 1:00  
TALLAHASSEE, FLORIDA