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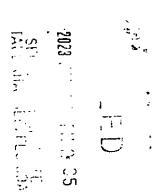
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COVER LETTER

TO: Registration S Division of Co					
Serene and	l Fearless Counseling Services	LLC			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Javier Alejandro Cosme				
		Name of Person		-	
	Serene and Fearless Coun-	seling Services LLC			
		Firm/Company		•	
	8101 Solano Ave, Apt 104	ļ.		202 123 124 125	
		Address		. , . .	
	Hollywood, FL 33024			<u>.</u>	i
	jeosme@sereneandfearless.	City/State and Zip Code			
	-	to be used for future annual report notifi	cation)	; <u>;</u> ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
For further information	concerning this matter, please c	all:		<u> </u>	
Javier Alejandro Cosmo	:	305 879-7601 at ()			
Nan ·	of Person		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)	Certified	te of Status &	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations Alabassee Street, Suite 8		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Serene and Fearless Counseling Services LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our rec Limited Liability Company)	cords.)
he Articles of Organization for this Limited Liability Co	ompany were filed on 12/20/2022	and assigned
lorida document number 1.22000531785	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
ne new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "	
nter new principal offices address, if applicable:		20 23
Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>	
		<i></i>
nter new mailing address, if applicable:		<u> </u>
failing address MAY BE A POST OFFICE POX)		<u> </u>
	200	
. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, en	ter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		. 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 statistics 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 merally 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>	<u>Address</u>	Type of Action
CEO Javier A Cosme		8101 Solano Ave, Apt 104 Hollywood, Ft. 33024	OAJd
			TIRemove
AMBR	Javier A Cosme	8101 Solano Ave, Apt 104 Hollywood, FL 33024	æAdd
			©Remove
			[]Change
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January 9th	2023	1		2023 St.	
January 9th ted				Š	
		11/1) _	-	2
		or authori ed representa			_

Typed or printed name of signee