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SECKETARY OF JAKE

COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT: Answers for Anxiety DBA Search Pro Direct International + (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: Wendy Segade (Name of Person) Answers for Anxiety DBA Search Pro Direct International (Firm/Company) 8205 62nd Court E, #1603 (Address) Sarasota, FL 34243 (City/State and Zip Code) For further information concerning this matter, please call: Wendy Segade (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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Answers for Anxiety, LLC			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited	Liability Company	were filed on 10/30/2007	and assigned
Florida document number 1.07000109959	· +		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and end w	ith the words "I im	ited Lighility Company " the designed	tion "I I C" or the abbreviation
L.L.C."	in the words Enn	ned Liability Company, the designat	ion EEC of the aboreviation
Enter new principal offices address, if appli	cable:	8205 62nd Court E, #1603	
Principal office address MUST BE A STREET ADDRESS)		Sarasota, FL 34243	
			00 × S
			SICRE JAN
Enter new mailing address, if applicable:		8205 62nd Court E, #1603	* OF A
Mailing address MAY BE A POST OFFICE BOX)		Sarasota, FL 34243	9 67 6
	120117		1
			<u> </u>
3. If amending the registered agent and			
egistered agent and/or the new registered of	office address her	<u>e</u> :	, ,
Name of New Registered Agent:	Wendy Segad	e	
New Registered Office Address:	8205 62nd Co	ourt E, #1603	
		(Enter Florida stre	et address)
	Sarasota	, Florid	la 34243
		(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager, MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Luis Segade	PO Box 343 Safety Harbor, FL 34695	Add Remove
			Add Remove
			Add Remove
			Add · Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			_
			
Dated January	Wereby Segar	u	
<u></u>		or authorized representative of a member	
_	Wendy Segade, Owner	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00