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## COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: BIBLICAL 6	COUNSELING CENTER e of Limited Liability Company
Nam	e of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
TRAC	Y EP STEIN Name of Person
Big	BLICAL COUNSELING CENTER Firm/Company
	Firm/Company
1450	59TH ST. W UNITIOI
	Address
BRA	OENTON, FL, 34209 City/State and Zip Code
SAN F-mail a	CTOTAS 1 @ GMAIL.  ddress: (to be used for future annual report notification)
For further information concerning this matter, p	
KEN HUGATA	at (9411) 264-8832- Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fe Certificate of S	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIBLICAL	COUNTS	FLINS (	CENTER	<b>3</b> 1	2020	
B + B = ( CA L Name of the Limited Lia (A Flo	ability Company orida Limited Lias	as it now appea purry Company)	rs on our records.	Piner	1001	**************************************
The Ameles of Organization for this Limited Liabilit		ere filed on	5/1/20	15.0	-6 mAH II: 30	
This amendment is submitted to amend the following	g:			:	: 30	
A. If amending name, enter the new name of the I	limited liabilit	v company h	ere:			
CLINICAL & FORENS The new name must be distinguishable and contain the words	IC MEN	TAL HE	ALTH Sesignation "LLC" o	PUICE r the abbrev	S L	.L.C."
Enter new principal offices address, if applicable:	_	1450	59TH 5	r. W	<u>UN1</u>	T 101
(Principal office address MUST BE A STREET AD	DDRESS)	BRADE	UTON, FL	. 34	<u>209</u>	
	•	·	· · · · · · · · · · · · · · · · · · ·		<del></del>	<del></del> _
Enter new mailing address, if applicable:	_	<del></del>		<del>_</del>		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>				
	_					
3. If amending the registered agent and/or registe agent and/or the new registered office address here	ered office add e:	ress on our r	ecords, <u>enter th</u>	e name of	the ne	w registered
Name of New Registered Agent:				-	·	
New Registered Office Address:				·		<del></del>
		Enter Flor	ida street address			
		City	, Florid	da	iv Code	
		~···		ζ,	$w \cup oae$	

## 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

Title	Name	Address	Type of Action
			[]Add
			□Remove
			□Change
· ·			[]Add
			: ∃Remove
			::: [] Change
			ZIAdd
			□Remove
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an effectiv <u>ote:</u> It th	date, if other than to educe is listed, the date in date in this seffective date on the	must be specific and s block does not n	l cannot be prior to neet the applical	o date of filing or n ble statutory filir	(opt nore than 90 days after ag requirements, th	er filing.) Pursuant to	605.0207 (3)( listed as the
ecord sp is filed.	ecifies a delayed effec	ctive date, but not	an effective tim	ne, at 12:01 a.m.	on the earlier of: (	b) The 90th day	after the
ited	JULY 1	714	2020				
		Signature of a r	ne steer or author	ized representative	of a member	<del></del>	-