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SECRETARY OF STATE TALL AHASSEE, FLORIDA

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T. CLINE

NOV 2 2 2011

EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	Inner Garden Co	ounseling Services, LLC	,		
	Name of Lim	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	De				
		Name of Person			
	LC				
		den Counseling Services, L Firm/Company			
	5111 C	Pidgowood Avo. Suito 201	C		
	51113.	Ridgewood Ave., Suite 201 Address	<u> </u>		
	_	ort Orange, FL 32127			

	dehorahi	City/State and Zip Code deborah@innergardencounseling.com			
	E-mail address: (E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please of	eall:		ROII NOV 21 SECRETARY O ALUMHAISSEE	
Debora	ah Winchock-Ebert	at (386)	846-5465	OF S	17
Name	of Person	Area Code & Daytime	e Telephone Number	IQ I I	E
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 C	of Status &	
MAILING ADDRESS:		STREET/COURI	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inner Gar	den Couns	eling Services	s, LLC				
(Name of the Limited I (A)	Liability Compa Florida Limited I	ny as it now appear Liability Company)	s on our records.)				
The Articles of Organization for this Limited Lia	were filed on	04/11/2011	and assigned				
Florida document number L110000426	638						
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	ny," the designation	"LLC" or the abbrevia	_ tion		
		5444 O Did-	accord According	≥ S ⊇ = 1 = 2016 = 1			
Enter new principal offices address, if applications and affice address MUST RE A STREET		Port Orange,	ewood Ave., Sui	TE OV	TA.		
(Principal office address MUST BE A STREET	<u>ADDKESS)</u>	Full Clange,	FL 32121	10.	[N-1-1-		
							
Enter new mailing address, if applicable:	5111 S. Ridgewood Ave., Suite 2010			P MONES			
(Mailing address MAY BE A POST OFFICE B	Port Orange,		意用	_			
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>enter</u>	the name of the n	<u>iew</u>		
Name of New Registered Agent:	Deborah Winchock-Ebert						
New Registered Office Address:	5111 S. Ridgewood Ave. Suite 201C						
		Ent	ter Florida street ad	ldress			
	P	Port Orange , Florida		32127			
		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 Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Title** Address Name | Tressa M Oestreicher MGRM 2608 Spruce Creek Blvd Port Orange, FL 32128 Add ✓ Remove ☐ Add Remove ___ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 15 2011 Dated_ Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Deborah Winchock-Ebert

Filing Fee: \$25.00