L120000310751

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COVER LETTER

то:	Registration Sec Division of Corp						
ALCED IN		Torida Counseling Center, LLC	:				
SUBJE.	Name of Limited Figbility Company						
The enc	closed Articles of a	Amendment and feets) are sub-	mitted for filling.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		Christine Rykiel					
			Name of Person		_		
		Gulf Shores Counseling Co	enter, LLC				
			Firm Company		_		
		2970 University Parkway, Suite 201					
		Address					
		Sarasota, Florida 34243					
		City-State and Zip Code					
		gscc.cmr@gmail.com 1-mail address: (to be used for future annual report notification)					
The Control	d K						
		oncerning this matter, please c					
Christi	ne Rykiel	****	941 391-1 at (Davime Telephone Numl			
	Name o	t Person	Area Code	Davinne Telephone Numl	ж і		
Enclose	ed is a check for th	ie following amount.					
□ S2.	5,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(2) \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Centifi Centifi	Filing Fee. cate of Status & ed Copy nat copy is enclosed)		
	Mailing Addre	<u>w:</u>	Street Add	ress			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 DEC 16 AM 9: 49

Southwest Florida Counseling Center (Name of the Limited		ny as it now appears on our liability Company)	records.)
(7	\ Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Lial Florida document number L 12000036751	bility Company	were filed on $\frac{03/15/2012}{}$	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liab	ility company here:	
Gulf Shores Counseling Center, LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	2970 University Parkwa	y
(Principal office address MUST BE A STREET ADDRES.		Suite 201	
		Sarasota, Florida 34243	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	2970 University Parkwa Suite 201	у	
		Sarasota, Florida 34243	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:			enter the name of the new reg
Name of New Registered Agent.	2070 //	. D. J	
New Registered Office Address:	2970 Universit	y Parkway, Suite 201 Enter Florida street	taddress
		inici i iiniuu iiitti	- ATT - AST
	Surusota		Florida 34243

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

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

 $t = t_{n-2} + \cdots + 1$

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christine Rykiel	2970 University Parkway	
		Suite 201	
		Sarasota, Florida 34243	
			🗆 Add
			□ Change
			UAdd
			□Remove
			□Change
			🖽 🖽 Add
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			□Remove
			□Change

amending any other i	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
	
N' - a a a I A' Ala a	than the date of filing:
ne record specifies a delay ord is filed.	red effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Novem	be 14. 2022.
(02.00
	Signature of a member of authorized representative of a member
Christine Ry	kiel
	Types or printed name of signee

 $\tau = \frac{1}{4} - \frac{1}{4} = 0$