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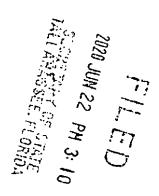
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COVER LETTER

TO: Registration S Division of Co			
ANN TAY	YLOR ROMAN LMHC LLC		
30bJEC1	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
	ondence concerning this matter	<u>-</u>	
	Ann Roman		
		Name of Person	.
	Pathfinders Franchise Cor	sultants	2020
		Firm/Company	
	1217 S. East Ave #307		JU 22 P
		Address	P P
	Sarasota, Florida 34239		TILED 2020 JUN 22 PH 3: 10 THE LEGENS SEE TORNO
	curtispathfinder@gmail.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information	concerning this matter, please o	·	,
curtis schindeler		941 5258297	
Name (of Person		Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address:	·ion
Division of C		Registration Sectory Division of Corp	
P.O. Box 632	27	The Centre of Ta	llahassee
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANN TAYLOR ROMAN LMHC LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 12/26/2012	and assigned
Florida document number L12000160682		
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
Pathfinders Franchise Consultants, L.L.C.		7020 7521
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22 1
Principal office address MUST BE A STREET ADDI	RESS)	A P M
		- 36 to U
enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	ed office address on our records, enter the	name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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