L13000004728

(Re	questor's Name)	
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	y/State/Zip/Phon	- 40
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

	ision of Corp			•
SUBJECT:		cademy, LLC		
SOBJECT.		Name of Limite	ed Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please returr	all correspor	ndence concerning this matter to	the following:	
		Loreen O'Brien		
			Name of Person	
		Free Soul Academy, LLC		
			Firm/Company	
		1936 Bruce B Downs Blvd #	#163	
			Address	
		Wesley Chapel, FL 33544		
		loreenobrien@mac.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please cal	II:	
Loreen O'B	rien		813 445-6333 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

Free Soul Academy, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records, da Limited Liability Company))
he Articles of Organization for this Limited Liability	Company were filed on 01/08/2013	and assigned
lorida document number L13000004728		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
Wesley Chapel Counseling, LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ADECC)	.
maipai office address most be A STREET ADD	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		30° 15° 15° 15° 15° 15° 15° 15° 15° 15° 15
		<u> </u>
. If amending the registered agent and/or regi		
egistered agent and/or the new registered office ad	<u>dress here</u> :	
		#D
Name of New Registered Agent:		C C
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	Ciry	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
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ffectiv	ve date, if other than the date of filing: (optional)
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
ocume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated A	August 12 2019
aicu _	

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Typed or printed name of signee

Filing Fee: \$25.00