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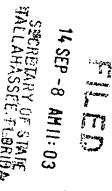
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### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

SUBJECT: Julington Creek Counseling, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Noelle Pomeroy

Name of Person

## Julington Creek Counseling, LLC

Firm/Company

1637 Race Track Road Suite 225

Address

Saint Johns FL 32259

City/State and Zip Code

noellepomeroy@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Noelle Pomeroy

*..,*904*,* 383-7613

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filling 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

Julington Creek Counseling, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L13000013273</u>	were filed on January 25, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
Jacksonville Center for Sexual Health, LLC		
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address here		r the name of the new
Name of New Registered Agent:		<u>S</u> S
New Registered Office Address:	Enter Florida street address	P-8 AM
	City	Zip Gode
New Registered Agent's Signature, if changing Registered Agent:		で で で こ に に に に に に に に に に に に に
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am rovided for in Chapter 605, F.S. Oi	n familiar with and r, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			□ Remove
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	,	<del> </del>	□ Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	• • •
	ctive date, if other than the date of filing:
Date	d Setpember 4, 2014
	Noelle S. Romeron
	Signature of a member or authorized representative of a member
	Noelle Pomeroy
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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