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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Name of Lim	Counseling Lited Liability Company	<u>~</u> C
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rachel Ma	Name of Person	
		Firm/Company	
	10250 N A	THENIA DR. Address	
		PRINGS FL 3 City/State and Zip Code	
	E-mail address: (i	MITC @ a 01. COM to be used for future annual report notif	nication)
For further information co	oncerning this matter, please ca	all:	
Rachel	Mathew	at (352) 3/2- Area Code Daytime	OSSSS Telephone Number
Enclosed is a check for th	ne 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 Address:
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

Citrus Christian Counseling LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on July 3 Florida document number /3000 1047 5 3	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Rachel M Mathew LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	n "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 on our records, agent and/or the new registered office address here:	enter the name of the new registered
	بع وع دع
Name of New Registered Agent:	
New Registered Office Address:	50
Enter Florida stree	•
	, Florida Zip Code
City	Zip Co de i CT

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>	<u>Address</u>	Type of Action
	NA		🗀 Add
			□ Remove
			Change
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f an effect Note: It	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 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
d is file	
Dated _	March 15, 2021. Rachel M Mathew Typed or printed name of signee
	Rachetmonathur
	Signature of a member or authorized representative of a member

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