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COVER LETTER

TO:

Registration Section Division of Corporations

CREEK COUNSELING & CONSULTING, LLC.

SUBJECT:

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:

SIVA JEYA

Name of Person

CREEK COUNSELING & CONSULTING, LLC.

Firm/Company

3504 COCO LAKE DRIVE

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

SIVA J21@HOTMAIL.COM

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

For further information concerning this matter, please call:

SIVA JEYA

_{...954} (655-9942

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status ☐S55.60 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

CREEK COUNSELING & CONSULTING, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on	08/08/2013	and assigned
Florida document number L13000112884	<i>.</i>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company	<u>v here</u> :	
The new name must be distinguishable and end with the w	vords "Limited Liability Co	ompany," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>		
(Principal office address MUST BE A STREET ADD	DRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	•		
B. If amending the registered agent and/or reg	istered office address	an our records antar (he name of the new
registered agent and/or the new registered office ac	ldress here:	on our records, enter	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street ada	ress
	City	, Florida	Zip Code
Many Dumintounal Amends Clauses 15 1 1 2 1 2	-		гір Сойе

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member, being added or removed from our records:

MGR = Manager

<u> </u>	<u>Name</u>	Address 1	ype of Actio
MGR	SIVA JEYA	3504 COCO LAKE DRIVE	Add
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. If amending any other information	, enter change(s) here: (Attach additional sheets, if necessary.)
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SIVAJEYA	re of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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