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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations itive Steps in Counseling		
SUBJECT:	-	ited Liability Company	<u></u>
	Amendment and fee(s) are sub		
r-tease return an correspo	ndence concerning this matter	to the ronowing.	
	Maritza Arza Authorized F	Representative / CEO	
		Name of Person	<del></del>
	Taking Positive Steps in C	ounseling	
	<del></del> -	Firm/Company	
	12386 State Rd 535 444		
		Address	<del></del>
	Orlando/ Florida 32836		
		City/State and Zip Code	•
	mrtar4@aol.com	to be used for future annual report notil	<u>-</u>
			neanton)
	oncerning this matter, please ca	aii:	
Maritza Arza Authorized Representative/ CEO		321 370-0088 at () Area Code Daytime	e Telephone Number
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	(12 \$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 Address Panistration 9		<u>Street Address:</u> Registration Sec	Nion
Registration S Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	•

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED max

2022 MAY 13 AM 8: 17

Taking Positive Steps in Counseling . " LLC "

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

SEGRETARY OF STATE TALLAHASSEE, FL

The Articles of Organization for this Limited Liability C	ompany were fil	led on 01/16/2014	and assigned
Florida document number L1400009214	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability cor	npany here:	
Loving Changes and IdeasIncorporated. "LLC"			
The new name must be distinguishable and contain the words "Limi	ited Liability Comp	any," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	12386	State Rd 535 444	
(Principal office address MUST BE A STREET ADDR	ESS) Orland	do Fl 32836	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	as above	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:			
Name of New Registered Agent: Maritz	a Arza, CEO, Reg	gistered Agent, Only Authorized S	ignature ————————————————————————————————————
New Registered Office Address: 12386	State Rd 535 444		
		Enter Florida street address	
Orland	lo		336
<del></del>	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 Changing Registered Agent, Signature of New Registered Agent

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
CEO, Aut	Maritza Arza MS, LMHC	N/A MONGO MS, LMHI	■Add
			□Remove
			Change
N/A	N/A	N/A	\equiv Add
			🗖 Remove
			□Change
			🗆 Add
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			□Remove
			□Change
			□Add
			□Remove
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<u>_</u>			□Add
			□Remove
			□Change

Marza MS, LMHC

	This amendment is executed for the purpose of changing the business name	
	from: Taking Positive Steps in Counseling to:	
	to: Loving Changes and IdeasIncorporated. "LLC." (formerly Taking Positive Steps in Counseling)	
	<u> </u>	
	TACE S	77
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		, T
	SC: 5	C
12 ff com	tive date, if other than the date of filing:	
(If an e Note	ffective 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 605.0207; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.	
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.	
Dated	i <u>N/A</u>	
	Signature of a prepiber or authorized representative of a member	

Filing Fee: \$25.00

Payment prevously made