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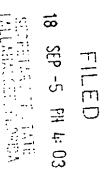
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		ATEGIES COUNSELING CE	ENTER LLC	
SUBJEC		Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
			RAUL FERNANDEZ	
			Name of Person	
		LIFE STRATEGIES CO	UNSELING CENTER LLC	
			Firm/Company	
		1731 Snapper Street		
			Address	
		Saint Cloud, Florida 347	71	
		rfernandez01@gmail.con	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furthe	er information c	oncerning this matter, please ca	all:	
Raul Fei	rnandez		407 668-2448	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
X \$25.0	00 Filing Fee	☐ \$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:

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

LIFE STRATEGIES COUNSELING CENTER LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 02/12/2014 The Articles of Organization for this Limited Liability Company were filed on _ L14000024605 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1731 Snapper Street, Saint Cloud Florida 34771 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1731 Snapper Street, Saint Cloud Florida 34771 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 1731 Snapper Street New Registered Office Address: Enter Florida street address Saint Cloud

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>	<u>Address</u>	Type of Action
MĠR ———	Raul Fernandez	1731 Snapper Street, Saint Cloud Florida 34771	
			□ Remove
MGR	Maria Fernandez	1731 Snapper Street, Saint Cloud Florida 34771	Add
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