

L14000096911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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08/28/17--01015--020 **25.00

FILED
17 AUG 28 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PROFESSIONAL COUNSELING ASSOCIATES CENTER 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 06/17/2014 and assigned Florida document number L14000096911.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2220 E IRLO BRONSON MEMORIAL HIGHWAY

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 8

KISSIMMEE FL 34744

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:

FAIL SAFE ACCOUNTING LLC

New Registered Office Address:

20 S ROSE AVE SUITE 4

Enter Florida street address

KISSIMMEE

, Florida 34741

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>	<u>Address</u>	<u>Type of Action</u>
CEO	OLIVARES, ALICIA	2220 E IRLO BRONSON MEMOF	<input type="checkbox"/> Add
		SUITE 8	<input checked="" type="checkbox"/> Remove
		KISSIMMEE FL 34744	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NEED TO CHANGE THE EIN ON FILE IT IS INCORRECT. IT IS 47-5222551 NOT 45-5564439

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E. Effective date, if other than the date of filing: AUGUST 8, 2017 **(optional)**

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 8, 2017

Alicia Olivares

Signature of a member or authorized representative of a member

ALICIA OLIVARES

Typed or printed name of signee