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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FL Center for Compulsive + Addictive Behavior LLC 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:
Mitchel Rosenholtz Name of Person
FL center for Compulsive + Addletice Behavier, LLC Finn/Company
5415 Landon Cércle Address
Boynton Beach FL 33437 City/State and Zip Code
MITCHE Q Rosenholtz Counseling. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Boynton Beach FL 33437 City/State and Zip Code Mitchel @ Rosenholtz Counseling.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mitchel Rosenholtz at (454) 951-3077 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \\$30.00 Filing Fee & \Bigsquare \\$55.00 Filing Fee & \Bigsquare \\$60.00 Filing Fee, Certificate of Status \$\Certified Copy \\ (additional copy is enclosed) \$\Certifi

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

(Name of the Limited Liability Compa	+ Addictiv	e Behaulous	16
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Company	were filed on Dec	. 12, 2014 and assi	gned
Florida document number <u>L 14000174937</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi			
Rosenholtz Counseling to	Coaching,	LLC	() "
Enter new principal offices address, if applicable:	to company, the designan	on LLC of the appreviation L.1	,.C.
(Principal office address MUST BE A STREET ADDRESS)			
			<u>. </u>
Enter new mailing address, if applicable:	5415 6	ndon Ciclos	<u>t</u> 2
(Mailing address MAY BE A POST OFFICE BOX)	Bornton	ndon Circles Beach, FL-3	了 第 3 7
			— <u>6</u>
B. If amending the registered agent and/or registered office a	ddress on our records	enter the name of the nav	nm redistand
agent and/or the new registered office address here:	adress on our records	the transfer the name of the new	
Name of New Registered Agent:		广之; [1]	. o
New Registered Office Address:			
The registered office Address.	Enter Florida stree	et address	
	City	Florida	
	Cuy	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 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
			□ Add
			Change
			□ Add
			Change EB 2
			Remove Change
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