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JUL 18 2016 S. YOUNG

COVER LETTER

TO:

	Registration Se Division of Cor			
SUBJEC1	Sunshine St	ate Counseling Center, LLC		
SUBJEC	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter	-	
		Luke Johnson, Esq.		
			Name of Person	
		Sunshine State Law, PLLC		
			Firm/Company	——————————————————————————————————————
		2150 West First Street, Sui	ite 2-B	20 SECR
			Address	
		Fort Myers, Florida 33901		5 SEE
			City/State and Zip Code	SECREMENTE FA 1: 40
		E-mail address: (to be used for future annual report notification	5
For furthe	r information co	oncerning this matter, please ea	all:	
Luke Johr	nson, Esq.		239 790-4477	
	Name of	f Person	at () Area Code Daytime Telep	hone Number
Enclosed i	is a check for th	ne following amount:		
\$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURIER AI Registration Section Division of Corporations Clifton Building	ODRESS:

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine State Counseling Center, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000014062</u> .	were filed on January 23, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3645 Bonita Beach Road	
(Principal office address MUST BE A STREET ADDRESS)	Suite 1	300
	Bonita Springs, Florida 34134	5 Fig.
Enter new mailing address, if applicable:	3645 Bonita Beach Road	15 15 15 15 15 15 15 15 15 15 15 15 15 1
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1	P 1111
	Bonita Springs, Florida 34134	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	ter the name of the ne
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
	ee to act in this capacity. I further	agree to comply with the

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change:
			Change:s Change:s Add Add Add Add Add Add Add Add Add Ad
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			Change
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			Remove
			☐ Change

Effective date, if other than the date of filing: (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 605.022 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.		
Effective date, if other than the date of filing:	, -1 ,	
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		n. on the earlier of:
Dated July , 2016		
MAXIMU SOU	Dated July OS , 2016	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00