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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Finding (fourself Counseling, 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:
Judy Weil-Dirr Name of Person
Finding Yourself Counseling, ILC Firm/Company
1068 mallard Marsh Drive
OSprey, Fl. 34839 City/State and Zip Code
E-mail address: (to be used for future/annual report notification)
For further information concerning this matter, please call:
Judy WEIL-DIRK at (941) 786-8450 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Finding Yourst	Liability Company as it now appears on dur records. Florida Limited Liability Company)	<u>C.</u>
The Articles of Organization for this Limited Liabi Florida document number <u>L 15000649</u>		and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
From My House The new name must be distinguishable and contain the words		or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)X)	
B. If amending the registered agent and/or registered agent and/or the new registered office	· ·	enter the name of the new
		E CO
Name of New Registered Agent:		PS 10 17
New Registered Office Address:	Enter Florida street address	RID.
_	, Flor	
	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 **Title** <u>Name</u> **Address Type of Action** □ Remove ☐ Change □ Add _□ Remove ☐ Change _ Add □ Remove ☐ Change 36 Remove Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

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Filing Fee: \$25.00