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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JU-14-19

To whom it may concern,

My name is Zachary Gleason, and I am the president of Frontier Family Counseling IIc. I have enclosed a complete form to amend the Articles of Organization of a Florida Limited Liability Company for the purpose of changing the name of the LLC. I have enclosed the completed form and check in the amount of \$30 to pay for the filing fee and a certificate of status. I can be contacted with the following information:

Zachary Gleason, LMHC 113 Poinciana Ln. Deltona, Fl. 32738

Ph: 407-505-8705

Email: z-gleason@hotmail.com

Sincerely,

Zachary Gleason, LMHC

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Frontier Family Counseling LL 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:
Zachary Gleason Name of Person
Frontier Family Counseling
113 Poinciana Lin
Deltona, FL, 32738 City/State and Zip Code 7-9/easono botmail. com (16-mail address: (to be used for future annual report notification)
(E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Rachary Gleason at (427) 505-8705 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 Certificate of Status Certified Copy (Certificate of Status Certified Copy (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**

(Name of the Limited Liability Comp. (A Florida Limited	anylas it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L}\underline{1}600005\overline{2}4$	were filed on $1/07/2016$ and assigned 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	pility company here:
Bronze Star The new name must be distinguishable and contain the words "Limited Liab	Counseling LLC
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLCJ or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	is cer
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N 13 PM STATE N 1: 09
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effect	e date is listed, the date must be specific at	nd cannot be prior	to date of filing or	more than 90 days a	fter filling.) Pursua	nt to 605.02
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Filing Fee: \$25.00