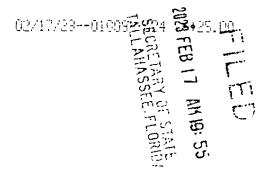
## L16000031799

(Rec	questor's Name)	<del>-</del>
(Add	lress)	
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PICK-UP	☐ WAIT	MAIL
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A. RIVERS APR 1 9 2023

## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			
61:D IC/		ounseling Associates LLC		
SUBJEC	~1; <u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Melissa B Miller		
			Name of Person	<del></del> -
		Mamatas Counseling Asso	ciates LLC	
			Firm/Company	
		4809 SW 91st Terrace, 2nd	i Floor	
			Address	
		Gainesville, FL 32608		
			City/State and Zip Code	
		melissa@mindcarefl.com	to be used for future annual report i	varification)
For furth	ner information e	oncerning this matter, please co		Milicatory
Melissa	B Miller		352 262-7889	
	Name o	f Person		time Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$25	.00 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)
	Mailing Address Registration S		Street Address Registration	
	Division of C	Corporations	Division of C	Corporations
	P.O. Box 632 Tallahassee,			of Tallahassee nroc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mamatas Counseling Associates LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on February 15th, 2016	and assigned
Florida document number L16000031799		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ollity company here:	
MELISSA B MILLER, EDS, LMHC, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4809 SW 91st Terrace	
(Principal office address MUST BE A STREET ADDRESS)	Gainesville FL 32608	
		Zez FALE
Enter new mailing address, if applicable:	4809 SW 91st Terrace	FEB 7
(Mailing address MAY BE A POST OFFICE BOX)	Gainesville FL 32608	RYY 7
		A III
		02. 1
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter th	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	<del></del>	
	Enter Florida street address	
	, Flori	
	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>	Address	Type of Action
			□Add
			□Remove
		<del></del>	□Change
			□Add
		Remove	
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
		□ Add	
		□Remove	
			□Change
			□Add
			Remove
			□Change

. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an Not	ective date, if other than the date of filing:
	cord 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 s filed.
Dat	ed February 14th, 2023.
	Signature of a member or authorized representative of a member
	Melissa B Miller  Typed or printed name of signee