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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : I20120000052 Phone : (305)591-9180 Fax Number : (305)591-9167

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Info@jelenaccounting.com

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANNABA COUNSELING CENTER AND TRA	AINING INSTITUTE, LLC	
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number 116000087798	any were filed on 05/04/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
MANNABA COUNSELING GROUP, LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDRESS	·)	
		\$\$\$ 10
		MO TO
Enter new mailing address, if applicable:		137 -
(Mailing address MAY BE A POST OFFICE BOX)		94 3 20 9
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	l
_ <del></del>	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.

\_\_\_\_\_ □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
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Effective date, if other than If an effective date is listed, the date	the date of filing:	(optional) than 90 days after filing.) Pursuant to 605.0207 (3
Note: If the date inserted in thi	s block does not meet the applicable statutory filing re c Department of State's records.	equirements, this date will not be listed as th
e record specifies a delayed effe rd is filed.	ctive date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
Dated May 5	2021	
theret	<del></del> ,	
-414r		

Typed or printed name of signee