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(Re	questor's Name)	
(Ad	dress)	- <u>.</u>
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(Cit	y/State/Zip/Phone	e#)
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K. SALY DEC - 0 2016

COVER LETTER

Division of	Corporations
MARA SUBJECT:	NATHA COUNSELING LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Article	s of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	GERTRUDIS RODRIGUEZ
	Name of Person
	MARANATHA COUNSELING LLC
	Firm/Company
	7910 TAFT ST #213
	Address
	PEMBROKE PINES, FL 33024
	City/State and Zip Code
	LUISMARANATHA@YAHOO.COM
	E-mail address: (to be used for future annual report notification)
For further informat	ion concerning this matter, please call:
GERTRUDIS ROD	at ()
Na	ume of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing Fe	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

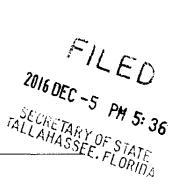
MAILING ADDRESS:

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



The Articles of Organization for this Limited Lia		1\0+\(\phi\) and assigned
Florida document number L16000204427		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/o registered agent and/or the new registered off		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
•		, FloridaZip Code
	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 or removed	Authorized Person(s) authorized to m from our records:	anage, <u>enter th</u>	e title, name, and address of each	person being added
MGR = M AMBR = A	anager uthorized Member		2016 DEC -5 PM 5: 36	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE FALLAHASSEE, FLORIDA	Type of Action
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ctive date, if other than the dat	e of filing: 11/29/2016	(optional)
ffective 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 605.03 ing requirements, this date will not be listed
ment's effective date on the Depar	tment of State's records.	ing requirements, this date with not so thates
ecord specifies a delayed ef e 90th day after the record		time, at 12:01 a.m. on the earlier
NOVEMBER 29TH	2016 Coding Sanature of a member or authorized representative	
	 , -	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00