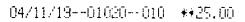
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FALL AHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jano Counseling Center 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:
Vassilia Binensztuk
Jano Counseling Center
13700 US Highway, suite 2024
Jano Beach, FC 33477 City/State and Zip Code Vassilia g jun acourseling com
E-mail address to be used for future annual report winfication)
For further information concerning this matter, please call:
Vassilia Binembetal at (561) 252-3434 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Solution Status Status Solution Statu

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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Juno Counseling C	enter	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number LIGSOO 227000	were filed on 1215/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	Hity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	office address on our records, ea	HASSEE FLORIDA the new
registered agent and/or the new registered office address her	<u>-</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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E. Effec	tive date, if other than the date of filing: (option Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil	al) 🏲	15 0207 / 1 W
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this dinent's effective date on the Department of State's records.	ate will not be lis	sted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.r e 90th day after the record is filed.	n. on the earl	ier of:
Datec			
	Signature of a member or authorized representative of a member		
	Vossilia Binensztal		

Page 3 of 3

Filing Fee: \$25.00