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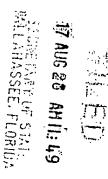
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## COVER LETTER

TO: Registration Section Division of Corporations  (aren Palpant, LMHC
SUBJECT: Ormand by the Sea Counseling, PLLC 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:
Karen Palpart, LMHC
Ormand by the Sea Counseling, PLLC
194 E. Granada
City/State and Zip Code  (area palpant@ anail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (386) 8)1-0365  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status  Certificate of Status (additional copy is enclosed)  \$55.00 Filing Fee & 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

(Name of the Limited	A LIAbility Company as it now appears on our records.) Courseling Center
	A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>E F N 8 1 - 4 9</u> 0	bility Company were filed on 0 ( - 0 9 - 701) and assigned
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
	or more by the Sea Counseling PLLC rds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
The new name must be distinguishable and contain the wor	_
Enter new principal offices address, if applical	ble: 194 E. Granada
(Principal office address MUST BE A STREET	(ADDRESS) () (more Beach, FL 321)6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	Same as above
B. If amending the registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new ice address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Ormand Beach, Florida 32106
	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

**Title** <u>Name</u> <u>Address</u> Type of Action □ Add ☐ Remove ☐ Change D Add ☐ Remove ☐ Change □ Add ☐ Change ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

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	Signature of a me	ember or authorized represent	tative of a member	······································
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Page 3 of 3

Filing Fee: \$25.00