47000136794

(Re	questor's Name)	,
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>Dan</u>	nier Counseling Name of Lim	& Life Couching ted Liability Company	ig, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cara	A. Damier Name of Person	
		FirmvCompany	
	730 (Place Chateau	
	Delray	Beach, FL 334 City/State and Zip Code	. <u>45</u>
	E-mail address: (Cr Cara @ Jahoo to be used for future annual report notifi	ication!
For further information c	oncerning this matter, please co	all:	
Cara T) amil/ f Person	at (<u>561)</u> 398 - Area Code Daytime	- 6712 Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy

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 Liability C	& Life Coaching LL ompany as it now appears on our records.)	<u></u>
(A Florida Lin	nited Liability Company)	
The Articles of Organization for this Limited Liability Com-	pany were filed on 6/23/17	and assigned
Florida document number <u>L17000136794</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Damier Counseling, LLC The new name must be distinguishable and contain the words "Limited	-	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r the name of the new
		7
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Florida _ 	Zip Cade
New Registered Office Address:	, Florida _	Zip Cade

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 = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			□ Change
			Remove
			□ Remove
			☐ Change
			Add
		- 	□ Remove
			□ Add
			☐ Remove
			☐ Change
			D Add
			C Remove
			□ Change

	
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Filing Fee: \$25.00