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COVER LETTER

Divi	ision of Cor	porations			
SUBJECT:	Elizabeth C	Griffiths Counseling, LLC			
SUBJECT;		Name of Lim	ned Liability Company		
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Elizabeth Griffiths			
			Name of Person		
	Elizabeth Griffiths Counseling, LLC				
			Firm/Company		
		P. O. Box 5878			
			Address		
		Navarre, FL 32566			.
		egriffithscounseling@gmail	City/State and Zip Code .com		19 CCT 25
		E-mail address: (t	o be used for future annual report notific	ration)	.л .л
For further in	nformation co	oncerning this matter, please ca	il:		
Elizabeth Gr	iffiths		850 496-5261 at ()		5 S
	Name of	Person		Telephone Number	52 WH 8: 56
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of \$1 Certified Copy (additional copy is a	tatus &

Registration Section

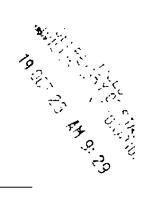
TO:

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



Elizabeth Griffiths Counseling, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/04/2017}{2}$ and assigned Florida document number $\frac{L17000166398}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cornerstone Counseling Group, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 9466 Navarre Pkwy Enter new principal offices address, if applicable: Unit C (Principal office address MUST BE A STREET ADDRESS) Navarre, FL 32566 P. O. Box 5878 Enter new mailing address, if applicable: Navarre, FL 32566 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

□ Change

			
			
			
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Note: If the date inserted in th	e must be specific and cannot be prior	(optional) to date of filing or more than 90 days after filing.) Pursuable statutory filing requirements, this date will n	iant to 605.0207 (3) of be listed as the
the record specifies a dela) The 90th day after the	ayed effective date, but no record is filed.	t an effective time, at 12:01 a.m. on th	ne earlier of:
Dated October 23	2019		
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Typed or printed name of signee

Filing Fee: \$25.00