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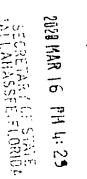
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COVER LETTER

	egistration Se ivision of Cor				
CHO INCT					
SUBJECT	•	Name of Lin	nited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please retu	rn ali correspo	ndence concerning this matter	to the following:		
		Gabrielle M. Rabelo			
			Name of Person		
		Peace of Mind Community	Counseling Services, LLC		
			Firm Company		
		8475 SW 44th ST			
			Address		
		Miami/ FL 33155			
			City/State and Zip Code		
		peaceofmindccs@gmail.com			
			to be used for future annual report not	ification)	
For further	information c	oncerning this matter, please c	all:		
Gabrielle !	M. Rabelo		786 546-1269		
Name of Person			ne Telephone Number		
Enclosed is	s 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	lailing Addres		<u>Street Address:</u> Registration Se	ection	
Division of Corporations			Division of Corporations		
	.O. Box 632		The Centre of 1		
	allahassee, I			be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Peace of Mind Community Counseling Services, L.	I.C	
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records. ted Liability Company))
The Articles of Organization for this Limited Liability Compa	any were filed on 10/04/2017	and assigned
Florida document number L17000205169		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
Peace of Mind Counseling, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2020 F
Principal office address MUST BE A STREET ADDRESS	<u> </u>	HAR.
		32 5 T
		तिकारी समितः सम्बद्धः सिताः स्टब्सः
Enter new mailing address, if applicable:		eq :
(Mailing address MAY BE A POST OFFICE BOX)		7835 2
B. If amending the registered agent and/or registered office	ce address on our records, <u>enter t</u>	he name of the new registere
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
The registered office reduced.	Emer Florida street address	· · · · · · · · · · · · · · · · · · ·
	. Flor	rida
	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

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

			
			
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ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of filing or	(option more than 90 days after	o nal) filing.) Pursu:	ant to 605.02
e: If the date inserted in this block does not meet the applicable statutory fi	ling requirements, this	date will no	ot be listed
ument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective time, at 12:01 a.r	n, on the earlier of: (b) The 90th	day after th
s filed.			,
ed March 12th			
I cold !	0		
Fabill Tabel	6		

Filing Fee: \$25.00

Typed or printed name of signee