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C. BRUMBLEY

COVER LETTER

	egistration Section vivision of Corporat	ions			
SUBJECT	: Disc	301303	INSCLUDE Sited Liability Company	enjes	ille
The enclos	sed Articles of Amen	dment and fee(s) are sub-	mitted for filing.		•
Please reti	ern all correspondenc	e concerning this matter	to the following:		7071577 17 711 711
	_	Laure	Name of Person		
	<u>I</u>)5-COVERY	Courseling Firm/Company	Service	25 L/C
	_	1353NC	DUV tenay	Play	
	_	Merritist	and FV 3	H53	
		E-mail address: (1	imply a gr	ort notification)	om
For furthe	information concert	ning this matter, please co	all:		
Lau	Name of Perso	lley	at (<u>104</u>) <u>57</u> Area Code	71 - 57.6 Daytime Telephor	5 0 ne Number
Enclosed i	s a check for the foll	owing amount:	<u></u>		
□ \$25.0) Filing Fee	\$30.00 Filing Fee & Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISCOVERY COUNSILING SEVYLES

(Name of the Limited Biability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	一二二二
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1353N Courtenay PKWY Mernittiskund FL 32953
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1353 N Courtenay Pkwysta Menritt Island & 32953
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	ren Timner

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Kelly L, MA LMFT	13453 North MainStrat	□Add
	Stevens	Suite 104 Jaugonville FL	[VRemove
		37218	🗆 Change
AMBR	James & Sweeney	10024 Romaine Circle	□Add
		Swtz	(DRemove
		Justa Jacksunylle fl 3222	□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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. If amending any other inform	iation, enter cha	nge(s) here:	(Attach addition	ial sheets, if ne	cessary.)	
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Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	oust be specific and ca block does not med	mnot be prior to et the applicab	date of filing or mo le statutory filing	re than 90 days aft	tional) ter filing.) Pursuant to 6 his date will not be li	— 05.0207 (3 sted as th
the record specifies a delayed effectord is filed.	tive date, but not ar	effective tim	e, at 12:01 a.m. o	n the earlier of:	(b) The 90th day af	ter the
Dated Ocember	Xa	3034	ed representative o	if a th ember		
		voc yped or printed		Y		