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ANTENIESSELFECTION

COVER LETTER

TO: Registration Solivision of Col			•	
SUBJECT:	Villa Counsel	ited I.Sability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Andrea	Name of Person	THE THE TOTAL THE THE TABLE TO	
		Firm/Company		٠.,
	7331 W	indover Way		
	Titusville	City/State and Zip Code		
	endin a	28@gmail.com	cation)	
For further information of	concerning this matter, please ca			
Andrea Name o	Villa of Person	at (<u>321</u>) <u>289-</u> Area Code Daytime	6244 Telephone Number	
Enclosed is a check for t	he 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)	

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 Taflahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vila Counse (Name of the Limited Liability) (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>LNP00069292</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite A Mindful Walk Cou The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE) Enter new mailing address, if applicable:	Aseling LLC d Liability Company, the designation "L.L.C" or the abbreviation "L.L.C." 2000 Cheney Hwy SSS Ste. 103, #260 Titusville, FL 32780
(Mailing address MAY BE A POST OFFICE BOX)	2000 Cheney Hwy." Ste 103, #260 Titusville, FL 32780
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent: And	drea Villa
New Registered Office Address: 7.33	Enter Florida street address
Titu	Sville Florida 32780 Zip Code
N. D. C I A	A monte

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.

Undrea Ulla
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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Add Add
			Add 11
			Change
			. ☐ Add
			Remove
		<u> </u>	Change
			□ Remove
			☐ Change
			Remove
		<u> </u>	□ Remove
			O Charac

	77. 79.
E EOT	
(lfan ef	tive date, if other than the date of filing:
	nent's effective date on the Department of State's records.
If the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
	e 90th day after the record is filed.
Dated	March 15 . 2019 . March 15 . 2019 . Signature of a member or authorized representative of a member
	A L 41 AA

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Filing Fee: \$25.00