L18000082079

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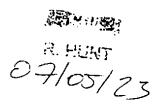
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COVER LETTER

Division of Corpo	orations		•
SUBJECT:AWG	aken Counse	eling, LLC	
	Name of Lin	nited Liability Company	بن دع
			ار المراقع الم المراقع المراقع المراق
The enclosed Articles of A	mendment and fec(s) are sul	bmitted for filing.	
Please return all correspond	lence concerning this matter	r to the following:	ASSER PH T
	Bro	undy Torretta Name of Person	T: 19
	Awa	aken Counseling,	ic
	4100 W. K	ennedy Blyd, Suite	214 New office
	E-mail address:	Pa FL 33609 City/State and Zip Code Lndy+orre++aaan (to be used for future annual report notifi	LLC unbizorg X 214 New office address is: 730 s. Sterling Suite 212 Tampa, FL 3316 cation)
For further information con	cerning this matter, please o		
Brandy To Name of P	arson	at (<u>813</u>) <u>751</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	in Counseling, LLC . 3
	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L18000082079</u>	ompany were filed on March 30, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRE	7305. Sterling Ave., Suite 212
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	730 S. Sterling Ave., Suite 212 Tampa, FL 33609
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent: N	/ _A
New Registered Office Address: 730	S. Sterling Ave. Suite 212 Em OFTorida street address
نه 	Ento Florida street address Tampa , Florida 33609 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
			□Change
		/	□ Add .
			DRemove Thange
			□Add
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