18000122274

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		COUNSELING & WELLNE	SS, LLC	
SUBJEA		Name of Lin	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspe	ondence concerning this matter	to the following:	
		SHEERAH NEAL		
			Name of Person	
		NEW DAY COUNSELIN	IG & WELLNESS, LLC	
			Firm/Company	
		130 SOUTH INDIAN RIV	VER DRIVE, SUITE 202	
			Address	
		FORT PIERCE, FL 3499	50	
			City/State and Zip Code	
		SHEERAHNEAL@GMAI		
		E-mail address: (to be used for future annual report notifi	eation)
For furth	ner information c	oncerning this matter, please c	all:	
SHEER	RAH NEAL		772 626-6569	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encloseds	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAH.	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW DAY COUNSELING & WELLNESS, 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 05/16/2018 and assigned Florida document number £18000122274 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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. If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
AMBR	RESHANNA WILLIAMS	130 S. INDIAN RIVER DR., SUITE 202 FORT PIERCE, FL 34450		
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ote: If the date inserted in this bl	ock does not meet the applicab	date of filing or more th le statutory filing req	an 90 days after filing. uirements, this date) Pursuant to (will not be l	505,020 isted a
ocument's effective date on the D	epartment of State's records.				
record specifies a delayed		an effective time,	at 12:01 a.m.	on the ea	rlier o
The 90th day after the rec	ord is filed.				
August 20	2018				
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	Signature of a member or authorize	and representative of a r	namber .		
		rea representative or a r	actiniçi		

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Filing Fee: \$25.00