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(requestors reality)
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COVER LETTER

		stration Sec sion of Corp			
eun ir c		Integrated I.	ife Counseling and Behavior S	Services, LLC	
SUBJEC	.l: ,		Name of Lim	ited Liability Company	
The encl	osed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspoi	ndence concerning this matter	to the following:	
			AnaCarolina Vaughn		
				Name of Person	
			Integrated Life Counseling	, LLC	
			· · · · · · · · · · · · · · · · · · ·	Firm/Company	
			115 Timberlachen Circle,	Suite 2009	
				Address	
		Lake Mary, FL 32746			
			Integratedcounselingbehavi		
			E-mail address: (to be used for future annual report notification)	
For furth	ner in	formation co	oncerning this matter, please ca	all:	
AnaCare	olina	Vaughn		321 8481916 at ()	
		Name of	Person	Area Code Daytime Telephone	e Number
Enclosed	d is a	check for th	e following amount:		
■ \$25.	.00 F:	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address		Street Address: Registration Section	
			orporations	Division of Corporation	s
	P.O	. Box 632	7	The Centre of Tallahass	
	l all	lahassee, F	·L 32314	2415 N. Monroe Street,	Suite & 10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Integrated Life Counseling and Behavior Services, LI.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on May 29th 2018	and assigned
lorida document number L18000132523		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ntegrated Life Counseling, LLC		22 829
he new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLC" or the abb	oreviation L.C.
nter new principal offices address, if applicable:	115 Timberlachen Circle. Suite 2009	3 3
Principal office address MUST BE A STREET ADDRESS	Lake Mary, FL 32746	o 71.
		P ::0
		2: [
nter new mailing address, if applicable:	115 Timberlachen Circle, Suite 2009	1,7
Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL 32746	
. 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 regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 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>	Name	<u>Address</u>	Type of Action
AP	Rock Vaughn	1175 2nd Place Longwood, FL 32750	□Add
			■Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		·	Remove
			□ Chanca

Note:	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
rd is f	April 2nd 2020
rd is f	April 2nd 2020 Signature of a member or authorized representative of a member

Filing Fee: \$25.00