## 118000185663

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S. YOUNG

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## **COVER LETTER**

TO:

Registration Section

- Div	ision of Cor	porations				
	PATHWAY	TO LIFE COUNSELING &	PSYCHOLOGICAL SERVICES I.	I.C		_
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		THOMAS J BARONE, CI	<b>?</b> A			
			Name of Person			
		THOMAS J BARONE, CI	PA PA			
		<del></del>	Firm/Company			
		101 BRADLEY PLACE	SUITE 203			
		<del> </del>	Address		74 <b>6</b>	
		PALM BEACH FL 334	80		AUG CHATI	_
			City/State and Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-7	ſ
		TBARONE@BELLSOUTI				{
For further in	nformation c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notitall:	ication)	PM 5: 03	
THOMAS J	BARONE.	СРА	561 655-7979		₩ <sup>™</sup> &	
	Name o	f Person		: Telephone Number		
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 issee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## PATHWAY TO LIFE COUNSELING & PSYCHOLOGICAL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida I	limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L18000185663</u>	mpany were filed on $8/02/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
PATHWAY OF LIFE COUNSELING & PSYCHOLOGICAL	SERVICES LLC
The new name must be distinguishable and contain the words "Limite	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	ESS) \( \frac{1}{2} \) \( \frac^2 \) \( \frac{1}{2} \) \( \frac{1}{2} \) \( \frac{1}{2} \) \( \f
Name of New Registered Agent:	ered office address on our records, enter the name of the ress here:
New Registered Office Address:	Enter Florida street address
	timer Florida Sireel dadress
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with amplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
	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>	Address	Type of Action
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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the E	ist be specific a lock does no	nd cannot be pr I meet the app	or to date of f licable statut	iling or more ory filing re	than 90 days af	otional) der filing.) Pursu his date will no	ant to 605 of be list	5.0201 ed as
e record specifies a delaye The 90th day after the rec			not an effe	ective tim	e, at 12:01	La.m. on th	e earli	er o
AUGUST 6		2018	·					

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Typed or printed name of signee

Filing Fee: \$25.00