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COVER LETTER

TO:

TO: Registration Se Division of Corp			
SUBJECT: ZMU	la Coupeling C	enter 110	
SUBJECT: VII	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kutiakdi	Name of Person	
	zinda Colna	seling Center Figure Company	
	, T	street-Sev	
	Lehigh Acr	es FL 33976	
	(Catio	City/State and Zip Code 1900 Smcul. Cuto be used for future annual report notion	OW (fication)
For further information co	oncerning this matter, please co		
Kutra Radio	an Luero	ar (259, 677-	Colole 4
Name o	f Person	Area Code Daytin	ne Telephorle Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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 Addres Registration S		Street Address: Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 7 2415 N. Monro	raffanassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Zinder Counseling (enter LEC 14 Milliage
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.)
(A Fiorida Limited La	ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 0822608 and assigned
Florida document number L1800020 058.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
Well Space LLC The new name must be distinguishable and contain the words "Limited Liabilit	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
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 ac	idress on our records, <u>enter the name of the new register</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 th 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			☐ Change
		<u></u>	□Add
			□Remove
			Change
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lf an effectiv <u>Note:</u> If the	date, if other than the date is listed, the date in this seffective date on the	nust be specific and o block does not me	cannot be prior to d eet the applicable	ate of filing or more statutory filing re	(optiona than 90 days after filit equirements, this da	d) ng.) Pursuant to 605.0207 te will not be listed as
e record sp rd is filed.	ecifies a delayed effect	tive date, but not a	an effective time.	at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
Dated	05/11/2024	<u> </u>				
		1/AXX				
	·	Signature of a m	ember or authorize	ed representative of	i member	

Filing Fee: \$25.00