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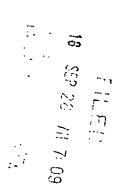
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## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC		ING COUNSELING AND WI	ELLNESS LLC?	
30131.0	··	Name of Limi	ted Liability Company	
The enclu	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		MELODY OTT		
			Name of Person	
			Firm/Company	<del>-</del>
		107 15TH STREET A		
			Address	
		SAINT AUGUSTINE, F	L 32080	
			City/State and Zip Code	
		GLESHANE@LESHANE E-mail address: (1	ECPA.COM to be used for future annual report notif	Tication)
For furthe	er information co	oncerning this matter, please ca	all:	
GEOFFREY LESHANE		at ()		
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELL-BEING COUNSELING AND WEL		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	Company were filed on08/29/2018	and assigned
Florida document numberL18000207374	<u>_</u> ·	
This amendment is submitted to amend the following:		٠.
A. If amending name, enter the new name of the limi	ited liability company here:	ت ت
WELL-BEING COUNSELING AND WELLNESS LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	"LLC" or the abbreviation "LILC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>	
		5
Enter new mailing address. if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our rec ress here:	ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	adress
		, Florida
	City	, FloridaZip 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 =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
			□ Add
			Remove
			Change
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ective date, if one office is the street of	other than the date of f sted, the date must be specifi- serted in this block does r	iling:	to date of filing or mo	(option than 90 days after find requirements, this (	tal) ling.) Pursuant to 605.020 fate will not be listed a
cument's effective	e date on the Department	of State's records			
record specifi	ies a delayed effectiv after the record is fil	ve date, but no ed.	it an effective ti	me, at 12:01 a.	m. on the earlier
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	Man1	and the	1		
	Melodi Melodi	Manual Ma	orized representative	of a member	<del>-</del>

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Filing Fee: \$25.00