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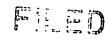
COVER LETTER

TO: Registration Section Division of Corporations First Step Counseling LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Katalin Hanana Name of Person First Step Counseling LLC 1919 Van Buren Street Apt # 115 Hollywood, Florida 33020 City/State and Zip Code katalinhanana@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 754 610-4812 Katalin Hanana Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee & \$60 Filing Fee, ■ \$25 Filing Fee S30 Filing Fee & Certificate of Status & Certificate of Status Certified Copy

Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR



FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

2019 APR -8 PH 4: 22

		09, F.S., this document is being submitted to	correct a previously filed document.	41. 3 - 5.8. 		
FIRST	The name of the h	mited liability company is:				
SECO:		da Document number of the limited liability Articles of Organiza	tion			
	_ ,	HE APPROPRIATE BOX AND COMPLI		<u>r</u>		
☑	statement are as fe			orrected		
		Inseling LLC was made effective De				
	I would like to	change the effective date to Januar	ry 1st, 2019.	<u> </u>		
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	OR					
Was defectively signed. The manner in which the document was defectively signed and the appropriate as follows:						
	OR					
	The electronic tran	nsmission of the record was defective.	03/20/2019			
		re of Authorized Representative	Date			
	are of new registered ing the designation).	I agent, if applicable :(NOTE; if correcting)	he registered agent, the new registered age	ent must sign		
New R I hereb provision obligat reflect	egistered Agent's Sy accept the appoin ons of all statutes re ions of my position	ignature, if changing Registered Agent: tment as registered agent and agree to act in elative to the proper and complete performan as registered agent as provided for in Chapt istered office address, I hereby confirm that t	ce of my duties, and I am familiar with an er 605, F.S. Or, if this document is being f	d accept the iled to merely		
	Registered Agent's Signature					
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)			