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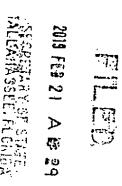
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## **COVER LETTER**

	egistration Se vision of Cor				
CUD IECT	Changing P	erspectives Counseling Group	LLC		
SUBJECT		Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Dorinda Burnham			
	Name of Person Changing Persepctives Counseling Group				
	Firm/Company 6817 Southpoint Pkwy Ste 1203				
		Address Jacksonville, FL 32216			
	City/State and Zip Code dorinda@changingperspectives.today				
For further	information c	E-mail address: (to oncerning this matter, please ca	to be used for future annual report notif	ication)	
Dorinda Bu		oncerning this matter, please ca	860 287-4142		
	Name o	f Person		Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	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

FILED

Changing Perspectives Today LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on January 09 20 f	33FF, F1 3R134d assigned
Florida document number L19000011001		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Changing Perspectives Counseling Group LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6817 Southpoint Pkwy Ste 12	203
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32216	
Enter new mailing address, if applicable:	4870 Deer Lake Dr E #4303	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32246	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		ds, enter the name of the new
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street addre	ess
	, F	loridaZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree		

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>	<u>Name</u>	Address	Type of Action
MGR	Dorinda Burnham	4870 Deer Lake Dr E #4303 Jacksonville, FL 32246	Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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			Change

If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective date is listed, the Note: If the date inserted	han the date of filing:
the record specifies a The 90th day after	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the record is filed.
Dated February 14	, 2019
	Signature of a member or authorized representative of a member
-	Dorinda Burnham Typed or printed name of signee

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Filing Fee: \$25.00

D. If amending any other informs	tion, enter change(s) here: (	(Attach additional sheets, if	necessary.)
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	at be specific and cannot be prior to do ock does not meet the applicable	date of filing or more than 90 days statutory filing requirements	after filing.) Pursuant to 605,0207 (3)(
f the record specifies a delayed b) The 90th day after the rec		n effective time, at 12:0	01 a.m. on the earlier of:
Dated February 14	2019		
	Mulus L. Joseph Signature of a member or authorize	) ed representative of a member	
	Phana L. So Typed or printed no	DKO	

Page 3 of 3

Filing Fee: \$25.00