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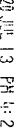
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## **COVER LETTER**

	gistration S vision of Co			:
SUBJECT:	Transitioni	ing Mind Counseling, LLC		÷
	· ·	Name of Lir	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are suf	bmitted for filing	
		ondence concerning this matter	· ·	
		Brenda Joseph		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		Transitioning Mind Couns	seling, LLC	
			Firm/Company	
		5655 NE 1st Ct		
			Address	<del></del>
		Miami, FL 33137		
			City/State and Zip Code	<del></del>
•		doncee_nathan@hotmail.co		
For further i	nformation c	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ification)
Brenda Jose			305 773-2652	
77.	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 H	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)
	iling Addres gistration S		Street Address: Registration Sec	ction
Div	ision of C	orporations	Division of Cor	
	). Box 632 Iahassee, F		The Centre of T	
1 (31	ianassee, f	レフムストサ	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Transitioning Mind Counseling, LLC		20
(Name of the Limited Liability Co	ompany as it now appears on our records.) ited Liability Company)	20
(A Fiorida Cim	med Elaointy Company)	- <u> </u>
The Articles of Organization for this Limited Liability Comp	pany were filed on February 4, 2019	and assigned
	July Were fried on	
Florida document number L19000034241		32 7
This amendment is submitted to amend the following:		և։ 29
A. If amending name, enter the new name of the limited	liability company here:	
Fransitioning Mind Practice, LLC		
The new name must be distinguishable and contain the words "Limited	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 ADDRES	<u>s)</u>	
	5655 N.E 1st Court	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33137	
3. If amending the registered agent and/or registered of	Tice address on our records, enter the	e name of the new regist
gent and/or the new registered office address here:	<u> </u>	<u></u>
Name of New Registered Agent:		
New Registered Office Address:		
Nogskored office : radioss.	Enter Florida street address	
	, Flori	da Zip Code
	City	гар Сомс

## 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 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	
ARADIN	المستحمله المستحمط	8.4

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□Remove
			Change
			□Add
-			□ Remove
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ctive date	, if other th	an the date o	M filing:	7/10/2020				_ (option	ali	
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				2020						
July 10				2020						

Typed or printed name of signee

Brenda Joseph