Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. ** ____

Email	Address:	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SARASOTA COUNSELING SERVICES LLC

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Registration Section

P.O. Box 6327 Tallahassee, FL 32314

3239628300 From: Meghan Smith

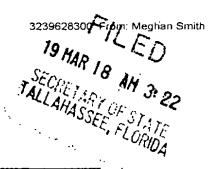
COVER LETTER

	DIVIN	aon or Corp	pui ations		
erab ii		SARASO1	TA COUNSELING SERVICE	CES LLC	
SUBJ	ECI: _	_,	Name of Lim	ted Liability Company	
The en	nclosed	Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return :	all correspo	ndence concerning this matter	to the following:	
			Cheyenne Moseley		
				Name of Person	
			Legalzoom.com. Inc.		
	Firm/Company				
			101 N. Brand Blvd., 11t	h Floor	
				Address	
			Glendale, CA 91203		
				City/State and Zip Code	
			aidausf@gmail.com	to be used for future annual report notifica	tion)
For fu	rther in	formation c	oncerning this matter, please co		
		1oseley		800 773-0888 ext.	9724
			f Person		elephone Number
Enclos	sed is a	check for th	ne following amount:		
□ S2	25.00 Fi	ling 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)
		Registr	ING ADDRESS: ation Section at of Corporations	STREET/COURIER Registration Section Division of Corporation	

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



SARASOTA COUNSELING SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were tiled on 02/13/2019	and assigned
Florida document number L19000044364		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
MindWorx Counseling LLC		•
The new name must be distinguishable and end with the words "Limited Lia	bility 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 of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		ords, enter the name of the new
New Registered Office Address.	Enter Florida street a	khess
		Florida
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agreewisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duie provided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = MS $AMBR = AB$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	☐ Remove
			Add
			☐ Remove
			TALES TO
			19 MAR 18 AN 23: 22 SECRET AND OFFIST TAILLAHASSEE TLORIDGE
			Remove
			22 ORIDA ORIDA
			□ Remove
			
			☐ Remove
			☐ Remove

D. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
	The state of the s

E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	(optional) of receipt or filed date and cannot be more than 90 days after of State)
Dated March 7th.	2019
V I O	
_ i Lida Ramas	
<u>Haakaus</u> Signature of a m	ember or authorized representative of a member
Signature of a me	ember or authorized representative of a member Aida Ramos Evped or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

