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| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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C. GOLDEN

JUN - 2 2020

COVER LETTER

| | st Counseling, LLC Name of Lim | ited Liability Company | |
|--------------------------|---|---|---|
| | | | |
| The enclosed Articles | of Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Jessica Conaway | | |
| | | Name of Person | |
| | Pixie Dust Counseling, LL | С | |
| | | Firm/Company | |
| | 7758 Wallace Road, Suite | 6 | |
| | | Address | |
| | Orlando, FL 32819 | | |
| | - | City/State and Zip Code | |
| | jcarmean86@gmail.com | | |
| For further information | e-mail address: (I concerning this matter, please ea | to be used for future annual report noti all: | fication) |
| Jessica Conaway | | 321 9485676 at() | |
| Name | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for | the 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 of Certified Copy (additional copy is enclosed |

Mailing Address:
Registration Section

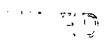
TO:

Registration Section
Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Pixic Dust Counseling, LLC

2020 HTM 13 AM 10: 18

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

| he Articles of Organization for this Limited | Liability Company | were filed on reb. 26, 201 | and assigned |
|---|--|--------------------------------|------------------------------------|
| lorida document number L19000055494 | · | | |
| his amendment is submitted to amend the fo | llowing: | | |
| . If amending name, enter the new name | of the limited liab | oility company here: | |
| Salanced Approach Counseling, LLC | | | |
| ne new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 9100 Conroy Windermere Road | |
| (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | Suite 200 | |
| | | Windermere, FL 34786 | |
| | | 9100 Conroy Windermer | e Road |
| | | Suite 200 | |
| | | Windermere, FL 34786 | <u> </u> |
| 3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent: | registered office : ess here: Jessica Conawa | | enter the name of the new registe |
| Nam Basiana d Office A 44 and | 9100 Conroy Windermere Road, Suite 200 | | |
| New Registered Office Address: | Enter Florida street address | | address |
| | Windermere | | _, Florida ³⁴⁷⁸⁶ |
| | | 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 = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
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| Effective date, if | other than the date of filing: May 9, 2020 (optional) |
| If an effective date is | listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| | ive date on the Department of State's records. |
| | |
| ne record specifies a ord is filed. | a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| ora is mea. | |
| Dated | May 9 2020 |
| Dated | May 9, 2020. |
| | ()esin-Cerr |
| | Signature of a member or authorized representative of a member |