# L19 000226296

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T. MATTHEWS MAR 2 1 2022

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sanctuary Therapeutic Courisding Services Name of Limited Liability Company  LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Safryoh R. Davis - Rosario Name of Person
Sanctuary Therapeutic Counseling Firm/Company Services, LLC
3046 N. HIQHIAUENUE, Suite A, #37058
Hiari, Fl 33127 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution Status Solution Status Solution Soluti

### Mailing Address:

Registration Section Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

22 H/F 14 PH 12: 36

	55 th. 1 th 1515- 20
South Name of the Limited I.	iability Company as it now appears on our records.)  Jorda Limited Liability Company)
	lity Company were filed on 91619019 and assigned
Florida document number <u>190022</u> b	296
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
XIIA	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e: <u>LIA</u>
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	NIA
B. If amending the registered agent and/or regi	stered office address on our records, <u>enter the name of the new registered</u> nere:
Name of New Registered Agent:	Safiyah R. Douis-Pasario
New Registered Office Address:	918 NE 5187 St, Apt 3  Enter Florida street address
· -	City, Florida 33130 Zip Code
New Registered Agent's Signature, if changing Reg	vistered 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>	MA		□Add
			□Remove
			□Change
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			□Remove
			□Change

_	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	any item being changed is
the	name of the registered
	nt due to Marriage.
	<b>\</b>
The	NEW NAME IS NOW hypheriato
<del></del>	
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,, <sub>1</sub> ,	
(If an effective date is Note: If the date	f other than the date of filing:
he record specifies 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
Dated Ma	RCh 1 . DODD
9	Signature of a member or authorized representative of a member