

L19000255105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

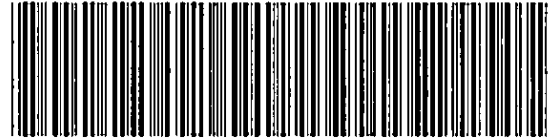
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2022 AUG 29 PM 2:50

2022 AUG 29 PM 2:28

FILED

cf 8/29/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mind Your Mental Counseling + Wellness Cafe
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel Blount Jr
Name of Person

Firm/Company

1106 Thomasville Rd Suite D+L
Address

Tallahassee, FL 32303
City/State and Zip Code

admin@ablountfulexp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Blount Jr at (850) 212-6582
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 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

2022, JAN 29 PM 2:5

Mind Your Mental Counseling + Wellness Cafe 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 filed on 10/10/2019 and assigned
Florida document number L19000255105.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A Blountiful Experience Counseling, Coaching, + Consulting 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 ADDRESS)

1106 Thomasville Rd
Suite D + L
Tallahassee FL 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1106 Thomasville Rd
Suite D + L
Tallahassee FL 32303

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

2398 Commercial Way #115
Enter Florida street address

Spring Hill, Florida 34606
City Zip 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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Joel Blount Jr</u>	<u>132 Ponderosa Ln</u>	<input type="checkbox"/> Add
		<u>Midway FL 32343</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Joel Blount Jr</u>	<u>1106 Thomasville Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Suite D + L</u>	<input type="checkbox"/> Remove
		<u>Tallahassee FL 32303</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Angela Blount</u>	_____	<input type="checkbox"/> Add
		<u>132 Ponderosa Ln</u>	<input checked="" type="checkbox"/> Remove
		<u>Midway FL 32343</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Angela Blount</u>	_____	<input checked="" type="checkbox"/> Add
		<u>1106 Thomasville Rd</u>	<input type="checkbox"/> Remove
		<u>Suite D + L</u>	<input type="checkbox"/> Change
		<u>Tallahassee FL 32303</u>	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The purpose of A Blountiful Experience
Counseling, Coaching, & Consulting is to provide
mental health counseling for those who
need help in dealing with mental health
disorders; academic/professional/financial
coaching; and consulting for educators
and other health care providers.

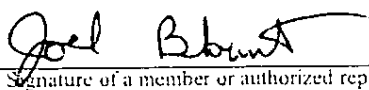
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 8/29/22



Signature of a member or authorized representative of a member

Joel Blount Jr

Typed or printed name of signee