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COVER LETTER

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Tallahassee, FL 32314

TO: Registration S Division of Co			
Ubuntu Co SUBJECT:	ounseling Center LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Erin Pruett		
		Name of Person	
	Ubuntu Counseling Center	LLC	
		Firm/Company	
	784 Perryman Lane West		
		Address	
	Jacksonville, FL 32221		
	erinmpruett@gmail.com E-mail address; (City/State and Zip Code to be used for future annual report noti	fication)
For further information	concerning this matter, please c		
Erin Praett		904 8742792	
Name	of Person	at () 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 & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C	Section Corporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 633	27	The Centre of T	allahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ubuntu Counseling Center LLC					
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	i <mark>y as it now appears on :</mark> iability Company)	our records.)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{Dec. 24, 2019}}{\text{L20000004733}}$				and assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "LLC" or the abbr	eviation "Ll		
Enter new principal offices address, if applicable:			14 6 0	2020	
(Principal office address MUST BE A STREET ADDRESS)			* 60 \$4.77		
			10.5	æ 2	
			. S	5	
Enter new mailing address, if applicable:				PH	
(Mailing address MAY BE A POST OFFICE BOX)			150 1V.1		
			<u> </u>		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here: Name of New Registered Agent:	ddress on our record	ds. enter the name	of the new	register	
New Registered Office Address:					
	Enter Florida st	reet address			
		Florida			
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pole being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my c rovided for in Chap	luties, and I am fai ter 605, F.S. Or, if	niliar with this docu	i and nent is	

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
Therapist _AIGK	Erin Pruett	784 Perryman Lane West Jacksonville, FL 32221	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
		- 	□Change
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	st be specific and cannot be prior to date of filing or mor lock does not meet the applicable statutory filing		
record specifies a delayed effecti d is filed.	ve date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after	er the
March 22 Dated	. 2020		
	Hrust Signature of a member or authorized representative o	f a member	
Erin Pruett	Typed or printed name of signee		

Filing Fee: \$25.00