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COVER LETTER

TO: Registration of	n Section Corporations	
SUBJECT:	Venice Co	unseling P.L.L.C. ed Liability Company
The enclosed Article	es of Amendment and fee(s) are subm	nitted for filing.
Please return all corr	respondence concerning this matter to	the following:
	Michelle	Marshall Name of Person
		unseling P.L.L.C.
	333 Tamiami	Address Rute 260 R
		Address FIDRICA 34285 City/State and Zip Code
	mmarshal E-mail address: (to	be used for future annual report notification)
For further informati	on concerning this matter, please cal	l:
Michelle 1	Marshall me of Person	at (94) 237-7\74 Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
□ \$25.00 Filing Fo	ce \$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)
_	on Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Venice Counselin (Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on February 14, 2020 and assigned
Florida document number <u>L2000009644</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
Verice Counseling Cente	er PLLC
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	782K
(Principal office address MUST BE A STREET ADDRESS)	SE
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Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office add	dress 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:	
	Enter Florida street address
	, Florida
	CHY /m Loyle

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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			□ Remove
			□Change
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ecord specifies a delayed effective da s filed.	te, but not an ef	fective time, at 1	2:01 a.m. on the e	arlier of: (b) 11	he 90th day after t
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ed September 20	· -				

Filing Fee: \$25.00