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COVER LETTER

TO: Registration S Division of Co			
	ED SPIRIT COUNSELING LI	.c	
SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles o	f Amendment and fec(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALICIA GARD		
	Name of Corporations NIANCED SPIRIT COUNSELING LLC Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: ALICIA GARD Name of Person Fim/Company 9070 DUPONT PLACE: Address WELLINGTON, FL 33414 City/State and Zip Code buddy12lbcat@gmail.com E-mull address: (to be used for future annual report notification) mation concerning this matter, please call: Name of Person 413 374-0027 Area Code Daytine Telephone Number seek for the following amount: g Fee L \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Address: ration Section Division of Corporations		
		Firm√Company	
	9070 DUPONT PLACE		
		Address	
	WELLINGTON, FL 3341	TCOUNSELING LLC Name of Limited Liability Company Hent and fee(s) are submitted for filing. Concerning this matter to the following: CIA GARD Name of Person Firm/Company DUPONT PLACE Address LLINGTON, FL 33414 City/State and Zip Code **12lbcat@gmail.com Fi-mail address: (to be used for future annual report notification) g this matter, please call: at (413	
	41	City/State and Zip Code	······································
	·	(to be used the firm on and manual	
For further information		•	nneation)
ALICIA GARĐ			
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he following amount:		
≅ \$25.00 Filing Fee	— — — — — — — — — — — — — — — — — — —	Certified Copy	Certificate of Status & Certified Copy
Mailing Address			
Registration Section Division of Corporations			
P.O. Box 632	27		•
Tallahassee,	FL 32314	2415 N. Monro	oc Street, Suite 810

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALANCED SPIRIT COUNSELING LLC				
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records red Liability Company)	,)		
The Articles of Organization for this Limited Liability Compa	ility Company were filed on 01/13/2020			
Florida document number L20000020184				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company here:			
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"			
Enter new principal offices address, if applicable:		2020 01		
Principal office address MUST BE A STREET ADDRESS,		<u> </u>		
		23		
		그 (교 - 이 (미		
Enter new mailing address, if applicable:		:21 R4 CD		
Mailing address MAY BE A POST OFFICE BOX)				
		· · · · · · · · · · · · · · · · · · ·		
				
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	he name of the new regis		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor	rida		
	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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	ALICIA GARD	9070 DUPONT PLACE	□Add
		WELLINGTON, FL 33414	ERemove
			□Add
		 	□Remove
			2021Change
			PHRemove
			 ☐Change
			□Add
			Remove
			☐ Change
			□Remove
			□ Change
			□Remove
			□Change

Effective date, if other than the date of filing: [2] [3] [4] [5] [7] [7] [8] [8] [9] [9] [9] [9] [9] [9									
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A Consignature of a member of authorized representative of a member	ated Dec. 18	, <i>É</i>	2020	<u>.</u> ·					
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