## 1200000 67672

	(Requestor's Name)
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	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Cop	ies Certificates of Status
Special Ins	tructions to Filing Officer:
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Office Use Only



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Amendica

JUN 1 9 2020 I ALBRITTON

## **COVER LETTER**

	ion of Corporations	
elib incer	Eleos Counseling LLC	
SUBJECT:	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:	
	David Saville	
	Name of Person	
	Eleos Counseling LLC	
	Firm/Company	
	7853 Gunn Highway #233	
	Address	
	7853 Gunn Highway #233  Address  Tampa, FL 33626  City/State and Zip Code dave@eleoscounseling.net  E-mail address: (to be used for future annual report notification)	
For further in	formation concerning this matter, please call:	
David Savill	813 530-5654 at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:	
□ \$25.00 E	Ting Fee ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	
	Ing Address: Street Address: Street Address: Registration Section	
Div	ision of Corporations Division of Corporations	
	Box 6327 The Centre of Tallahassee ahassee, FL 32314 2415 N. Monroe Street, Suite 810	
1 81	Tallahassee, FL 32314  Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Eleos Counseling LLC				D.	
			iny as it now appears on o Liability Company)		and assigned	
The Article	of Organization for this Limited Li	ability Company	were filed on March 2.	2020	and assigned .	
Florida doc	ment number <u>L20000067672</u>				72.	
This amend	ment is submitted to amend the follo	owing:			5.49	
A. If amen	ding name, <u>enter the new name of</u>	the limited liab	ility company here:			
The new name	must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designar	tion "LLC" or the	e abbreviation "L.L.C."	
Enter new	r new principal offices address, if applicable:		7853 Gunn Highway			
İ	(Principal office address MUST BE A STREET ADDRESS)		#233			
Trincipal types data ess word m. A straight			Tampa, FL 33626			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7853 Gunn Highway				
<u>(танінд ац</u>	WESS WAT BE A FOST OFFICE !	<u>0027</u>	Tampa, FL 33626			
	ding the registered agent and/or re or the new registered office addres		address on our record	s, enter the n	ame of the new registe	
Na	me of New Registered Agent:					
Me	w Registered Office Address: 7853 Gunn Hig		ghway #233			
<u>; 45</u>	W Registered Office Address.	Enter Florida street address				
		Tampa		, Florida	33626	
			City		Zip Code	
New Registe	red Agent's Signature, if changing b	Registered Agent:				
I hereby ac provisions accept the being filed	cred Agent's Signature, if changing be cept the appointment as registere of all statutes relative to the properties of my position as reging to merely reflect a change in the cas been notified in writing of this	d agent and agi er and complete stered agent as registered office	ree to act in this capac performance of my d provided for in Chapt	luties, and La er 605, F.S. (	ım familiar with and Or, if this document 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
AMBR	David Saville	7853 Gunn Highway	□ Add
		#233	□ Remove
		Tampa, FL 33626	<b>■</b> Change
			□Add
			□Remove
			□Change
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ective date, if other than the effective date is listed, the date meter. If the date inserted in this lument is effective date on the	lock does not me	et the applicable	te of filing or more the statutory filing requ	(optional) in 90 days after filing. tirements, this date	) Pursuant to 605.020 will not be listed (
cord specifies a delayed effect s filed.	ve date, but not ar	n effective time, a	at 12:01 a.m. on the	earlier of: (b) Th	e 90th day after th
ed		2020			
M	·	<u> </u>			
	Signature of a me	mber or authorized	I representative of a n	iember	***************************************
David Saville					

Filing Fee: \$25.00