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COVER LETTER

Division of Corporations REFRESH & RENEW COUNSELING SERVICE, 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: MICHELLE DEL TORAL SUAREZ Name of Person REFRESH AND RENEW COUSELING SERVICE, LLC. Firm/Company P. O. BOX 163826 Address MIAMI, FLORIDA 33116-3826 City/State and Zip Code MDELTORALSUAREZ@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELLE DEL TORAL SUAREZ Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

REFRESH & RENEW COUNSELING SERVICE, LLC.

(Name of the Limited	d Liability Comp A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia Florida document number	bility Company	y were filed on	04/27/2020	and assigned
This amendment is submitted to amend the follow	ving;			
A. If amending name, enter the new name of	the limited lial	bility company he	<u>re</u> :	
REFRESH AND RENEW COUNSELING SERVICE	E, LLC.			
The new name must be distinguishable and contain the wo	rds "Limited Liab	ility Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:			202
(Principal office address MUST BE A STREET		N/A	11	
				- B
				20 J
Enter new mailing address, if applicable:		N/A		PH T
(Mailing address MAY BE A POST OFFICE B	OX)	-		12 N
	<u>,</u>			-
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	N/A	address on our re	cords, enter the nam	me of the new registere
New Registered Office Address:	N/A	Factor El	da street address	
		Chief Pitori		
		City	,, Florida _	Zip Code
Now Registered Apont's Signature if changing Da	aictored Aponts	,		eap com
New Registered Agent's Signature, if changing Real I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in the selection.	agent and agr and complete cred agent as gistered office	ree to act in this c performance of r provided for in C	ny duties, and Lam hapter 605, F.S. Or	familiar with and , 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>	Name	Address	Type of Action
N/A 			
			□Remove
			☐ Change
			
			□Remove
			□Change
			□Add
			Remove
	·		
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e carlier of: (b) The 90th day after the	ffective date, if other than the date of filing:	Pursuant to 605.0207 ill not be listed as
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 is filed.	90th day after the
	January 24 2023	
tember	Mdel Hall Quarter Signature of a member or authorized representative of a member	
lemher	Mdel Thal Quarry	90th day

Filing Fee: \$25.00