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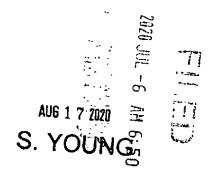


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COVER LETTER

TO:	Registration Sec Division of Corp			ÿ
SUBJE	ect:I	Name of Limi	Hope Counseling Serv ted Liability Company	ice LLC
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
			ina Young	
			and Hope Counselin	9 Service LLC
		<u>Loo 49</u>	Buttonbrook Drive	<i>9</i>
			City/State and Zip Code 32514 60 9 ma.1. Co be used for future annual report notin	
For fur	ther information co	E-mail address: (t neerning this matter, please ca		lication)
	Name of	Person	at (<u>\$\$\$</u>) <u>204</u> Area Code Daytime	- 5880 or (850) 981 - 5187 e Telephone Number
Enclose	ed is a check for the	e following amount:		
□ \$ 2.	5.00 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

The Articles of Organization for this Limited Liability Company were filed on May 15th loca Florida document number L2000011859 & This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Tinner Peace and Strength Counseling Service LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address 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 City

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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		411	□ Change
			🗀 Add
			□Remove
			□Change

II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	NA
	
	
fan ef <u>Note:</u>	tive date, if other than the date of filing:
d is f	
Dated	July 2 ^{rdy} . 2020.
	July 2 ^{ndy} . 2020 Dama Jauma ms LmHL Signature of a member or authorized representative of a member
	Dana Young, us, LMHC Typed or printed name of signee

Filing Fee: \$25.00