h20000143906

| (Requestor's Name) |
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T. MATTHEWS

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COVER LETTER

| TO: Registration So Division of Cor | | | | |
|--|--|---|---|--|
| SUBJECT: | POSITIVE PATH | ONLINE COUNSELING L | LC | |
| SUBJECT: | Name of Lim | nited Liability Company | | |
| The enclosed Articles of | Amendment and fec(s) are sub | omitted for filing. | | |
| Please return all correspo | indence concerning this matter | to the following: | | |
| | | Sonia Becerra | | |
| | | Name of Person | | |
| | | Swyft Filings | | |
| Firm/Company | | | | |
| | 3 Greenway Plaza #1320 | | | |
| | | Address | | |
| | | Houston, TX 77046 | | |
| | | City/State and Zip Code | | |
| | | antana693@gmail.com | | |
| | E-mail address: (| to be used for future annual report noti | fication) | |
| For further information of | oncerning this matter, please c | all: | | |
| Sonia B | ecerra | at (877) 777-0 | | |
| Name o | f Person | Area Code Daytim | e Telephone Number | |
| Enclosed is a check for the | ne following amount: | | | |
| № \$25.00 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 | | Street Address: Registration Se | ction | |
| Registration ! Division of C | | Division of Cor | | |
| P.O. Box 632 | .7 | The Centre of T | Tallahassee | |
| Tallahassee. | FL 32314 | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 DEC 14 AH 8: 47 POSITIVE PATH ONLINE COUNSELING LLC

| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appear Liability Company) | s on our records.) | |
|--|---|------------------------------|----------------------|
| The Articles of Organization for this Limited Liability Company Florida document numberL20000143906 | were filed on | 05/27/2020 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company he | <u>ere</u> : | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the d | esignation "LLC" or the al | obreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 5475 NW Saint James Dr #345 | | |
| (Principal office address MUST BE A STREET ADDRESS) | Port St. Lucie, | , FL 34983 | |
| | EAZE NIM Coin | t Iomaa Dr #245 | |
| Enter new mailing address, if applicable: | | nt James Dr #345 | |
| (Mailing address MAY BE A POST OFFICE BOX) Port St. Lucie, FL 34983 | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our r | ecords, <u>enter the nan</u> | ne of the new regis |
| | | | |
| New Registered Office Address: | Enter Flor | rida street address | |
| | | . Florida | |
| <u> </u> | | | 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| ective date, if other to effective date is listed, the te: If the date inserted cument's effective date | e date must be specific a in this block does not | nd cannot be prior to o t meet the applicabl | date of filing or more e statutory filing re | (optional) than 90 days after filing quirements, this date |) Pursuant to 605,020 |
| cord specifies a delayed s filed. | I effective date, but no | ot an effective time | , at 12:01 a.m. on t | he earlier of: (b) Th | e 90th day after the |
| ed 12 1 | | 2021 | | | |
| | 0 0 | _ • | | | T |
| X | Signature of | a member or authoriz | od representative of | member | <u>e</u> |
| | Digitatore of | a monitor of authority. | an representative of t | | |

Filing Fee: \$25.00