(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

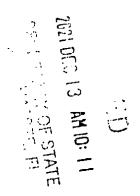
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A. RIVERS DEC 2 9 2021



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COVER LETTER

TO:

TO: Registration Section Division of Corporations					
SUBJECT:	Cocoon Cou	nseling LLC			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	La	Ura Giner Name of Person			
	C 0C 00/	Counseling 1 Firm/Company	LLC		
	2793	W. 73 Place Address			
	Hialear	n, FL 33016 City/State and Zip Code 10 City/State and Zip Code 10 City/State and Zip Code 10 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	E-mail address:	ner 2023@ gv to be used for future annual report not	mail. COM fication)		
For further information c	oncerning this matter, please c				
Laur (at (<u>305)</u> 924- Area Code Daytim	- 7015 te Telephone Number		
Enclosed is a check for th	ne following amount:				
XS25.00 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		Street Address: Registration Se			
Division of C P.O. Box 632	•		Division of Corporations The Centre of Tallahassee		
Tallahassee, I			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	-ounseling LLC
(Name of the Limited Liah (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)
	Company were filed on $\frac{05/27/20}{}$ and assigned
Florida document number <u>L200001444</u>	<u>64</u>
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registere</u> :
Name of New Registered Agent:	Laura E Giner
New Registered Office Address:	2793 W. 73 Place Enter Florida street address
	Hialeah Florida 33016
	City Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered	nt and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability e.

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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	ve date, if other than the date of filing:
	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
docum	The seffective date on the Department of State s records.
e record rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
_	Dagardag in 2001
Dated	December 10. 2021
	Houl
	Signature of a member or anthonizely representative of a member Laura E Pierce Typed or printed name of signee