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Office Use Only

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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations						
CUDIECT.		rdson LCSW, LLC	·					
Name of Limited Liability Company								
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing					
			<u>-</u>					
Please return	all correspo	ndence concerning this matter	to the following:					
		Jamie Russo, CPA						
			Name of Person					
		Divine Blalock Martin & S	Sellari, LLC					
			Firm/Company					
		580 Village Blvd. Suite 11	0					
			Address					
		West Palm Beach, FL 334	09					
		<u></u>	City/State and Zip Code					
.			to be used for future annual report not	incation)				
For further u	mormation c	oncerning this matter, please ca	311:					
Jamie Russo	o, CPA		561 686-1110 at ()					
	Name o	f Person	Area Code Daytir	ne Telephone Number				
Enclosed is	check for the	ne following amount:						
■ \$25,00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	iling Addres gistration S		Street Address: Registration So	ection				
		orporations	Division of Co The Centre of					
	D. Box 632 Hahassee, l			oe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dina Richardson LCSW, LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)
he Articles of Organization for this Limited Liability Company were filed on	June 10, 2020 and assigned
lorida document number 1.20000160280	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compan	<u>v here</u> :
Arise Christian Counseling, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	7029
Principal office address MUST BE ASTREET ADDRESS	
	9 P
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	(TO)
	FL 45
3. If amending the registered agent and/or registered office address on or	ur records, <u>enter the name of the new regi</u> s
gent and/or the new registered office address here:	
Name of New Registered Agent:	
Name Descriptored Office Address	
New Registered Office Address: Enter	Florida street address
	Disable
Giv	, Florida Zin 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			77 □Remove
			☐ Change
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fan effective o Note: If the	ate, if other than date is listed, the date date inserted in the effective date on the	must be specifis block does	ic and cant not meet	the applica	o date of tili ble statuto	ng or more t	nan 90 days	optional) after filing.) , this date v	Pursuant will not b	to 605.0207 se listed as
	tifics a dela yed e ffe	ective date, bu	it not an e	effective ti	ne, at 12:0	l a.m. on ti	ie carlier o	f. (b) The	90th da	y after the
			-21	020)						
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rd is filed.	imber 4	<u> </u>	2	en e		o A—				_

Typed or printed name of signee