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COVER LETTER

Division of Cor	porations		
	ane Counseling, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Priscilla McAllister		
		Name of Person	
	Priscilla Diane Counseling.	, LLC	
		Firm/Company	
	1301 Riverplace Blvd, Ste	800	
		Address	
	Jacksonville, FL 32207		
	pmcallister08@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report n	otification)
For further information co	oncerning this matter, please ca	all:	
Priscilla McAllister		904 567-6040 at ()	
Name o	f Person		ime Telephone Number
Enclosed is a check for th	ne following amount:		~ .
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	
Dogistration 9	Section	Registration 9	Section

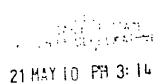
Registration Section Division of Corporations

Registration Section

TO:

P.O. Box 6327 Tallahassee, FL 32314 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



Priscilla Diane Counseling, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number	were filed on June 22, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.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)	1301 Riverplace Blvd, Ste 800 Jacksonville, FL 32207	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	City	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 = M $AMBR = A$	MGR = Manager MMBR = Authorized Member		A STATE OF THE STA
<u>Title</u> Name		Address	21 MAY 10 Tribe 3r Action
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If an effectiv Note: If th	date, if other than the date we date is listed, the date must be sphe date inserted in this block do seffective date on the Departn	ecific and cannot be prior to c ses not meet the applicable	late of filing or more than 90 d	_(optional; ays after filing.) Pursuant to 605 ints, this date will not be list	5.0207 (3)ú ed as us: _
uocumen	s effective date on the Departm	ion of State 3 feeders.			
e record sp rd is filed.	ecifies a delayed effective date	, but not an effective time	, at 12:01 a.m. on the earlie	er of: (b) The 90th day afte	r the
Apr	ril 8th	2021			
	Dusce	lla Mc	Muster		
	Signal	ure of a memoer or authoriza	ed representative of a member		
	Miscil	IA MICH	Mister		