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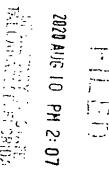
(Reques	tor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Filing	g Officer:	





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COVER LETTER

TO: Registration S Division of Co			
	ING LIFE COUNSELING ANI	D COACHING SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Laura Jones-Mccoy		
		Name of Person	
	EMBRACING CHANGES	S COUNSELING AND COACHIN	G SERVICES LLC
		Firm ² Company	
	10940 N 56TH STREET S	STE 206	2020 AUG 10 PM 2: 07
		Address	<u> </u>
	TEMPLE TERRACE, FL	33617	
		City/State and Zip Code	2:
	LAURAB4JONES@GMA E-mail address: (IU.COM to be used for future annual report notil	fication)
For further information	concerning this matter, please c	·	
	-		
LAURA JONES-MCC		813 900-0256 at ()	
Name	of Person	Area Code Daytime	e Telephone Number
·			
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G SERVICES LLC
as it now appears on our records.) bility Company)
ere filed on 07/24/2020 and assigned
tv company here:
CES LLC Z
Company," the designation "LLC" or the abbreviation "L.L.C."
5 7 7
2: 37
dress on our records, <u>enter the name of the new regist</u>
Enter Florida street address

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.

Civ

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
			ClAdd
			□Remove
			Change
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07/24/	/2020		(-	•'		
Tective date, if other than the date of filing:	e prior to date	of filing or mor	e than 90 days	after filing	.) Pursuant	to 605,020
te: If the date inserted in this block does not meet the a cument's effective date on the Department of State's rec		tatutory filing	requirements	, this date	will not b	re listed a
ecord specifies a delayed effective date, but not an effect	tive time, a	i 12:01 a.m. oi	the earlier o	f: (b) Tł	ie 90th da	y after th
is filed.						
ted AUGUST 4 , 2020						
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I_{α} I_{α} I_{α}						
AUVA (MD-MC) / Signature of a member of	00%	representative o				