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## **COVER LETTER**

TO:

	Registration Se Division of Cor			
CHD INC		DUNSELING, LIFE & EXEC	UTIVE SOLUTIONS AND SERVI	CES, LLC
SUBJEC	l:	Name of Lim	ited Liability Company	<del></del>
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	urn all correspo	ndence concerning this matter	to the following:	
		REBECCA E. B. BUCH		
			Name of Person	<del> </del>
		ASPIRE COUNSELING,	LIFE & EXECUTIVE SOLUTION	S AND SERVICE
Firm/Company				282
		7653 WINDWARD WAY	WEST	2821 JUN 18
			Address	
		JACKSONVILLE, FLOR	IDA 32256-7157	9 PH 4: 18
			City/State and Zip Code	<u> </u>
			DACHINGLLC@GMAIL.COM	<del></del>
		E-mail address: (	to be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please c	all:	
REBECC	A E.B. BUCH		904 385-3113 at ( )	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for th	ne following amount:		
		☐ \$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 Addres Registration S		Street Address: Registration Sec	
Division of Corporations		Division of Corp The Centre of Ta		
	P.O. Box 632 Fallahassee, F			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASPIRE COUNSELING, LIFE & EXECUTIVE SOLUTIONS AND SERVICES, 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 were filed on  $\frac{12/09/2020}{1}$ and assigned Florida document number L20000384454 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ASPIRE COUNSELING, LIFE, EDUCATION, CAREER & EXECUTIVE COACHING SOLUTIONS AND SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
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ective date, if other than the date of filing:  n effective date is listed, the date must be specific and cannot be pricte:  If the date inserted in this block does not meet the applicament's effective date on the Department of State's record	or to date of t icable statu	filing or more to tory filing rec	nan 90 days afte	onal) r filing.) P is date w	ursuant to	o 605.02 e listed :
ecord specifies a delayed effective date, but not an effective s filed.	time, at 12	:01 a.m. on th	e earlier of: (	o) The '	00th day	after th
JUNE 14 . 2021	 					
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Signature of a member or aut	1010					

Filing Fee: \$25.00