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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Div	ision of Corp	porations				
cin iczyr	ASPIRE CO	OUNSELING, LIFE, EDUCA	TION, CAREER & EXECUTIVE (	COACHING SOI		
SUBJECT: Name of Limited Liability Company						
The enclosed	l Articles of A	Amendment and fee(s) are sub	omitted for filing.			
		ndence concerning this matter				
		REBECCA E.B. BUCH				
		Name of Person				
		ASPIRE COUNSELING,	LIFE, EDUCATION, CAREER &	EXECUTIVE CO.		
		Firm/Company				
		7653 WINDWARD WAY WEST				
			Address	<del></del>		
		JACKSONVILLE, FLOR	IDA 32256			
			City/State and Zip Code			
		REBECCABUCH@ASPIR				
			to be used for future annual report noti	fication)		
For further in	formation co	ncerning this matter, please c	all:			
Name of Person		904 312-3343				
			e Telephone Number			
Enclosed is a	check for the	e following amount:				
<b>≅ \$</b> 25.00 F	iling 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)		
	ling Address:		Street Address: Registration Sec	ction		
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## ASPIRE COUNSELING, LIFE, EDUCATION, CAREER & EXECUTIVE COACHING SOLUTIONS AT

(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	ty Company were filed on 09 DECEMBER 2020	and assigned		
Florida document number L20000384454	·			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here:			
ASPIRE MENTAL HEALTH COUNSELING, LLC				
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or t			
Enter new principal offices address, if applicable:		2023 \$56		
(Principal office address MUST BE A STREET AL	ODRESS)	# TI		
		% → III		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address her		name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address	Enter Florida street address , Florida		
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Regist	ered 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>	Name	Address	Type of Action
MGR	REBECCA F.B. BUCH	7653 WINDWARD WAY WEST	<b>∃</b> Add
		JACKSONVILLE, FL 32256	□Remove
			□Change
	<u> </u>		□Add
			□Remove
			□Change
			□Remove
			□Change
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			Change
			□Add
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			□Change
			□Add
			□Remove
			Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated \_\_\_\_\_12 MARCH 2023 John R Buck
Signature of a member or authorized representative of a member JOHN R BUCH Typed or printed name of signee

Filing Fee: \$25.00