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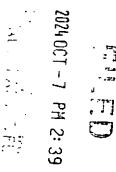
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COVER LETTER

TO: Registration S Division of Co	ection rporations		
Michelle / SUBJECT:	Asencio LMHC - Therapy LLC		
3089 RC1.	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Michelle Asencio		
		Name of Person	
	Michelle Asencio LMHC	- Therapy LLC	
	·	Firm/Company	
	2196 Cedar Springs Way		
		Address	
	Clermont, Fl 34715		
	- 	City/State and Zip Code	202
	michelle@letstalkabout.ca		ZUZ4 OCT
	E-mail address:	(to be used for future annual report notification)	T-7
For further information of	concerning this matter, please of	call:	,
Michelle Asencio		407 7171305 at ()	PH
Name o	of Person	Area Code Daytime Telephone Number	2: 39
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate of (additional copy is enclosed) Certified Cop (additional copy	Status & y
<u>Mailing Addres</u> Registration !		Street Address:	
Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michelle Asencio LMHC - Therapy LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records ited Liability Company)	<u></u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 02/01/2021	and assigned
Florida document number L21000059141		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	.iability Company," the designation "LLC"	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		2
)24 (
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ر. دو
B. If amending the registered agent and/or registered off	īce address on our records, <u>enter t</u>	
agent and/or the new registered office address here:		9
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Flo	
	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 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	Timothy Koziol	2196 Cedar Springs Way	
		Clermont, Fl 34715	■Remove
			□ Add
			□ Remove
			□Add . 2
			2024 Remove
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ective date, if other a effective date is listed te: If the date insert cument's effective date	, the date must be sed in this block of	pecific and o loes not me	08/01/202 cannot be priceet the appl	or to date o	f filing or m	ore than 90 g requirem	(optional(opt	nal) ling.) Pursuar	nt to 605.0
ecord specifies a dela is filed.	yed effective dat	e, but not a	π effective	time, at 1	2:01 a.m. (on the earli	er of: (b)	The 90th o	lay after
October 2nd		<u> </u>	2024	·					
Mu	hills			_					

Filing Fee: \$25.00