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2023 HAY 19 AH 11: 5

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of 7/10/2023

### COVER LETTER

TO: **Registration Section Division of Corporations** Shane McDonald Counseling Solutions LLC SÜBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shane McDonald Name of Person SHANE MCDONALD COUNSELING SOLUTIONS LLC Firm/Company 4700 Millenia Blvd Suite #175 Address Orlando, Florida 32839 City/State and Zip Code counseling@shanemmcdonald.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Shane McDonald 407 802-9011 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$30.00 Filing Fee & Certificate of Status □ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

## Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

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

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

SHANE MCDONALD COUNSELING SOLUTIONS LLC

2023 HAY 19 AH 11:55

Zip Code

(A Florida Limited	Liability Company)	:	di di
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	03/01/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company h	ere:	
LifeTrends Counseling & Coaching, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the o	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4700 Millenia I	Blvd	
LifeTrends Counseling & Coaching, LEC	Suite #175		
	Orlando, Florida 32839		
	4700 Millenia F	Blvd	
(Mailing address MAY BE A POST OFFICE BOX)	Suite #175		
	Orlando, Florid	ı 32839	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		rida street address	me of the new register
		Florida	

### 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.

City

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>Ťitle</u>	<u>Name</u>	Address	Type of Action
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<b></b>	August 1, 2023
nective date in effective da	e, if other than the date of filing: (optional) te 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 (optional)
ote: If the da	ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t fective date on the Department of State's records.
redifferent 5 em	cerve date on the Department of State 3 records.
ecord specifi	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
	11/41 1/2 2022
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	Signature of a member or authorized representative of a member
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	Typed or printed name of signee