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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

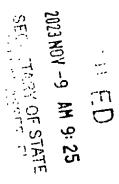
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## **COVER LETTER**

TO: Registration Se Division of Cor			
Enrich Cou	nseling and Consulting, LLC	name change	
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Juliet Auer		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Enrich Counseling and Co	nsulting, LLC	
		Firm/Company	<del></del>
	1908 Arrowhead Dr NE		
		Address	
	St. Petersburg, FL 33703		
	jauer@enrichcc.com	City/State and Zip Code	<del>.</del>
	E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Juliet Auer		727 517-5516	
		at ()	me Telephone Number
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	-	The Centre of	•
Tallahassee,		2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Enrich Counseling and Consulting, LLC

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Enrich Coaching and Consulting, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u>.</u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a	nddress on our records, enter the name	of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		2073 N
New Registered Office Address:	Enter Florida street address Florida	0 -9
	Cuy	PACONE O
New Registered Agent's Signature, if changing Registered Agent:		9: 25 STA
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am foorovided for in Chapter 605, F.S. Or. i	miliar with and f this document is

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
			□Add
			Remove
			□Change
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		<del> </del>	□Remove
			□Change
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fective date, if other than the in effective date is listed, the date mustice: If the date inserted in this blocument's effective date on the Do	st be specific and cannot be ock does not meet the a	applicable statutory	g or more than 90 days af	tional) ter filing.) Pursuant to 605.020 his date will not be listed a
ecord specifies a delayed effective is filed.	e date, but not an effec-	tive time, at 12:01	a.m. on the earlier of:	(b) The 90th day after the
November 2	2021			
November 2	,	·		
November 2	,	·		
November 2	2021  Auc  Signature of a member o	r authorized represen	ntative of a member	

. . . .