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COVER LETTER

Tallahassee, F1. 32314

	Registration Se Division of Cor						
SUBJEC	A.J.M. CHI	RISTIAN COUNSELING LLC					
SUDJEC		Name of Lim	ited Liability Company		.		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Jacqui Q.					
			Name of Person				
		ZenBusiness Inc.					
			Firm/Company				
		5511 Parkerest Drive Suite	: 103				
			Address				
		Austin, TX 78731					
			City/State and Zip Code			-10	2027
		Fulfillment@zenbusiness.co	om to be used for future annual i	remert natitication)			2022 APR
For furthe	er information co	oncerning this matter, please ca		cjan mancainni			R 21
Jacqui C/O ZenBusiness Inc.				3-6249		. 7	
	Name o	f Person	at () Area Code	Daytime Telepho	ne Number		1: 36
Enclosed	is a check for th	ne following amount:					
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encl		Certified	e of Status	
F	Mailing Addres Registration S	Section	-	ition Section			
	Division of C 2.O. Box 632			n of Corporation atre of Tallahas			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A.LM. CHRISTIAN COUNSELING LLC

ARTIC	CLES OF ORGANIZATION OF	
	OI .	
A.E.M. CHRISTIAN COUNSELING	LLC	
(<u>Name of the Limited</u> (?	Liability Company as it now appears on our records.) Visionida Limited Liability Company)	
The Articles of Organization for this Limited Liab	bility Company were filed on 04/23/2021	and assigned ح
Florida document number 1.21000189039		· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
A.L.M. Counseling & Consulting LLC		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicat	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or reg	gistered office address on our records, enter the	name of the new registered
agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further and complete performance of my duties, and Lovered agent as provided for in Chapter 605, F.S. agistered office address, I hereby confirm that the hange.	am familiar with and Or, if 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
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			□Remove

Effective date, if other than the date of filing: IPON APPROVAL (optional)					
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/s/ Audrey M. Hall Signature of a member or authorized representative of a member	Dated April 14th	. 2022	· ·		
Signature of a member or authorized representative of a member	/s/ Audrey M. H	all			
·		Signature of a member or auth	orized representative of a meml	ær	
Audrey M. Hall, Member	Andrey M. Hall - Mo	nher			

Filing Fee: \$25.00