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## **COVER LETTER**

,			
SUBJECT: 5	holar Course	ling Services	UC
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  From Landau ESA Name of Person  South Horize Law Pull  Firm*Company  1920 E. Hallande But But Horize  Address  Hallander FL 33009  City/State and Zip Code  But J Car Pull  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  270 Laway Pull  Area Code  Daytime Telephone Number  Lis a check for the following amount:		
	1920 E. Hall	Address	BN2 # 702
	Halladare, F	City/State and Zip Code  Suth Florid  be used for future annual report	a Law PLLC. Cur
For further information of	oncerning this matter, please cal	I:	
Sunton (	f Person		· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the	ne following amount:		
₹ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration 9 Division of C P.O. Box 632	Section Corporations 27	Registration Division of The Centre	Section Corporations of Tallahassee
Tallahassee, l	rL 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Do Scholar Ca	nseling	Services	UL	
( <u>Name of the Limited Liability C</u> (A Florida Li	Company as it now a mited Liability Compa	opears on our records. my)	)	
The Articles of Organization for this Limited Liability Conference of Organization for Organizati	npany were filed or	1 <u>5/3/2021</u>	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability compan	y here:		
Qual Counseling	LU			
The new name must be distinguishable and contain the words "Lingued	Liability Company,"	the designation "LLC" (	or the abbreviation "L.1	C."
Enter new principal offices address, if applicable:			2022 SEI	
(Principal office address MUST BE A STREET ADDRES	<u>(5.5)</u>			Π
Enter new mailing address, if applicable:			AMII Y OF S	
(Mailing address MAY BE A POST OFFICE BOX)			P점 ω	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on o	ur records, <u>enter th</u>	ie name of the new	register
Name of New Registered Agent:			···	
New Registered Office Address:				
	Enter	: Florida street address		
		, Flor		
	Cuv		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>	<u>Name</u>	Address	Type of Action
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			□Change
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Typed or printed name of signee