L21000252037

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TALLAHASSEE, FLORIDA

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COVER LETTER

	egistration Se ivision of Cor						
SUBJECT		ounseling, L.L.C					
SUBJECT	·	Name of Lim	ited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	ırn all correspo	endence concerning this matter	to the following:				
		Dalila Corporan					
			Name of Person				
		Corporan Counseling, L.L.	.c				
			Firm/Company				
		255 S Orange Avenue	Suite 104 PMB1207				
			Address				
		Orlando, FL 32801					
			City/State and Zip Code				
		dcorporan@corporancounse	=				
		E-mail address: (to be used for future annual report no	dification)			
For further	information c	oncerning this matter, please c	all:				
Dalila Cor	poran		321 557-1050 at ()				
	Name o	f Person		ne Telephone Number			
Enclosed i	s a check for th	ne following amount:					
□ \$25.00) Filing Fec	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Shows a second serious and ser			
	failing Addres		Street Address: Registration Se	ection			
Division of Corporations			Division of Corporations				
	O. Box 632		The Centre of				
T	'allahassee, l	FL 32314	2415 N. Monro	oc Strect, Suite 810			

Tallahassee, FL 32303

THE ED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Corporan Counseling, L.L.C		2022 SEC FALL			
(Name of the Limited Liability Compa (A Florida Limited	MAY				
The Articles of Organization for this Limited Liability Company Florida document number L21000252037 This amendment is submitted to amend the following:	were filed on June 1, 2021	-6 AH 8: 08 SSERIE FLORIDA			
A. If amending name, enter the new name of the limited liab	ility company here:				
Corporan Counseling, LLC					
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:	255 S Orange AvenueSuite	abbreviation "L.L.C."			
(Principal office address MUST BE A STREET ADDRESS)	Suite 104 PMB1207 Orlando, FL 32801				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	255 S Orange Avenue Suite 104 PMB1207 Orlando, FL 32801				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	me of the new registered			
Name Descriptional Office Address.					
New Registered Office Address:	Enter Florida street address	 			
	. Florida				
	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 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
VP	Andre K Rivera	13535 Summerton Drive	[] Add
		Orlando, Florida 32824	■Remove
			Change
			□Add
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ted April 1	.8		2022	 -		ı		AHASSE	9- 18U 2207
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		Signatur	e or a member	or authorized re	resemative of 8	member		\$171.	9 0. 00
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Filing Fee: \$25.00