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Registration Section Division of Corporations

TO:

Melanie	Varney Counseling & Consulting	g, LLC	
SUBJECT:	Name of Lin	nited Liability Company	····
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Melanie Varney		
		Name of Person	
	Melanie Varney Counselii	ng & Consulting, LLC	
	<del></del>	Firm/Company	<del></del>
	4626 NW 21 Street		
		Address	
	Gainesville, FL. 32605		
	<del> </del>	City/State and Zip Code	
	melanie@varneycounseling		
	E-mail address: (	to be used for future annual report no	otification)
For further information	concerning this matter, please c	all:	
Melanic Varney		561 715-9446 at ( )	
Name	e of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## TO ARTICLES OF ORGANIZATION OF

Melanie Varney Counseling & Consulting, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/20/2021 \_\_\_ and assigned Florida document number \_\_\_\_\_L21000328495 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: n/a The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) n/a Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with to 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

n/a

n/a

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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			Remove
			□Change
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			□Remove
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			□Remove
			☐ Change
			Remove
			□Change
			□Add
			□Remove
			□Change

	I. Melanie Varney, am categorized as "Title AP", and I would like to change my title to "managing member".
ote	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
ate	d ·
	Signature of a member of authorized representative of a member