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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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REPORT 18 PN 3:37

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Get Better Counseling. LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Laura Col
Get Better Counseling LLC
1300 E International Speedway Blud
Deland, Fl 32724 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laura Cole at (386) 848-8376 Name of Person at (386) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\bigcup \text{S25.00 Filing Fee & Certificate of Status}\$\bigcup \text{S25.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jet Better Lo	unseling LLC	
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L210004357</u> 18. This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
, <u> </u>		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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 nam	ne of the new registered
agent and/or the new registered office address here:		<u>, o o o o o o o o o o o o o o o o o o o</u>
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	1
	, Florida	É
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		ω
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

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.

anneauing 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Laura Coe	11565 Carpenter Ave	🗹 Add
		Orange City, F1 32	<u>76</u> 3 _{□Remove}
			□Change
MGR Laura (c	Laura (ce	1156 S Carpenter Av.	2 SAdd
		Orange City, F1 3276	23 □Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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n eff ote:	ve date, if other than the date of filing:
ecor is ti	d 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 ed.
ted	October 14th, 2021.
	October 14 th , 2021. Signature of a member or authorized representative of a member
	Laura Coe Typed or printed name of signee