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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

	Registration Sec Division of Corp				
SUBJEC		La Espriella, LCSW, LLC	•	•	•
			ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspon	ndence concerning this matter	to the following:		
		Beatriz De La Espriella			
			Name of Person		
		Beatriz De La Espriella, LO	CSW, LLC		
			Firm/Company	<u>-</u>	
		8695 Gaillard Avenue			
			Address		
		North Port, Florida			
			City/State and Zip Code		
		beatriz.lcsw@gmail.com			
		E-mail address: (to be used for future annual	report notification)	
For furth	ner information co	oncerning this matter, please ca	all:		
Beatriz l	De La Espriella			6-7261	
	Name of	f Person	at () Area Code	Daytime Teleph	one Number
Enclosed	d is a check for th	e following amount:			
□ \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fce Certified Copy (additional copy is en		Certified Copy
	Mailing Addres	<u>s:</u>	Street A	ddress:	

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

TO:

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

2021 HOY 29 FM 2: 32

Beatriz De La Espriella, LCSW, 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	and assigned			
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liah	oility company here:				
Bea Mindful Counseling, LLC	g name, enter the new name of the limited liability company here: unseling, LLC six be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." neipal offices address, if applicable: North Port, Florida 34287				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	8695 Gaillard Avenue				
(Principal office address MUST BE A STREET ADDRESS)	North Port, Florida 34287				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:					
Name of New Registered Agent:	.	 			
New Registered Office Address:					
	Enter Florida stree	t 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>	Name	Address	Type of Action
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		_	[]Remove
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Filing Fee: \$25.00