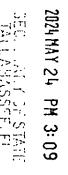


Office Use Only



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COVER LETTER

Registration Section

TO:

Division of Co	rporations		
	e Pine Counseling LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Ann Bendgen		
		Name of Person	
	Bristlecone Pine Counselii	ng LLC	
		Firm Company	_
	3302 Hayden Court		
		Address	
	Boynton Beach, FL 33436		
		City/State and Zip Code	
	anniebendgen@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Ann Bendgen		561 758-5008	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 63: Tallahassec.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Bristlecone Pine Counseling LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{121000507974}{121000507974}$.	were filed on <u>11/30/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited <u>liab</u>	oility company here:	
ANNIE BEE COUNSELING LCC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Ann Bendgen	
Principal office address MUST BE A STREET ADDRESS)	3302 Hayden Court	202
	Boynton Beach, FL 33436	2024 HAY
		17 21 L
Inter new mailing address, if applicable:		ະກາ ^າ ເຄື່ອ
Mailing address MAY BE A POST OFFICE BOX)		
		3: 09
	-	m v
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. <u>ente</u>	r the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	Enter r fortda street addre	200
		lorida
	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
			
			□ Remove
			TChange
			□Remove
			TChange
			□Remove
			Change
			□Remove
			Change
			Remove
			—Change

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Note:	ive date, if other than the date of filing:
e reco rd is fi	rd 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 led.
Datod	February 20 2024
vaiçu	Roll.
	, , , , , -
	Signature of a member or authorized representative of a member