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SECNEJARY OF STORY

COVER LETTER

то:	Registration Sec Division of Corp			
SUBJ	ЕСТ:	BREAK HAS	ugh Courseling ited Liability Company	Center LLC
The er	iclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Ka	ren Gallo RIX	11
			Hur ough Cours	
		732	2 Manateed	<u>venue</u> W-269
		Braden	Scity/State and Zip Code	4209
		bi-Cakth E-mail address: (to be used for future annual report not	gmail. Com
For fu	rther information co	ncerning this matter, please c	all:	
	Kare Name of	h G RIMI	at (408) 68 Area Code Daytim	9 20 2) Re Telephone Number
Enclos	sed is a check for the	following amount:		
X 's:	25.00 Filing Fee	S30.00 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)
	Mailina Addrawy		Street Address:	

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

FILED

Ropa K-through	ah Counselina	2022 JAN 18 PH 12: 59
(Name of the Limited Liability) (A Florida Liability)	Company as it now appears on (imited Liability Company)	OUR records AHASSET . H
The Articles of Organization for this Limited Liability Con Florida document number <u>L 2 1000 51 7 3 7</u>	mpany were filed on <u>/ 2</u>	$\frac{17/2021}{\text{and assigned}}$
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>:SS)</u>	
	- · · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reel address
	City	, Florida 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 Address **Type of Action** Title Name MGR Karen Gallo Rimi 7322 Manatee Avew MADDI Bradenton, F/ 34209 Change 7322 Manatee Ave W XAdd Sole Hember JIM RIMI -269 ______ \(\text{Remove} Bradenton, F134209 OChange _____ 🔲 Remove _____ □Change _____ 🗆 🗀 Add Remove _____ Change □Add □Remove

□ Change

-	
ective	date, if other than the date of filing: (optional)
te: If	ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as is effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	
	Signature of a member or authorized representative of a member **LUPEN G RIMI
	Signature of a member or authorized representative of a member