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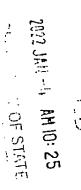


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COVER LETTER

TO:	Registration Sec Division of Corp					
21.13 II	Emotional V	Vellness Support, LLC				
SUBJECT: Name of Limited Liability Company						
The en	closed Articles of .	Amendment and fee(s) are subt	nitted for filing.			
Please	return all correspo	ndence concerning this matter t	o the following:			
		Shpresa Kaletsch				
Name of Person						
Firm/Company						
11806 Acorn Woods Terrace						
Address						
		Lakewood Ranch, FL 3420	2			
City/State and Zip Code						
		shpresa.kaletsch@hotmail.c	om o be used for future annual report no	(ification)		
For fur	ther information c	oncerning this matter, please co				
	sa Kaletsch		941 773-1038			
	Name o	of Person	Area Code Daytis	me Telephone Number		
Enclos	sed is a check for the	he following amount:				
≘ \$2	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 Address Registration Division of C	Section	Street Address: Registration S Division of Co			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emotional Wellness Support, LLC

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

(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 $\frac{12/13/2021}{1}$ and assigned Florida document number L21000523326 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mental Wellness Therapy, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
			□ Change
		-	□Add
			□Change
			∐Add
			□Remove
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	 :		□Add
			□Remove
			□Change

Typed or printed name of signee