L21000524125

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

Registration Section Division of Corporations

TO:

SUBJECT:	ruz-Perez	L Counselie ted Liability Company	ng UĆ
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cruz-Pa 10423 NN Gainesuil	Name of Person Perez Course Firm/Company J 30+ Ten Address Le Florida City/State and Zip Code 2 courseling to be used for future annual report in	eling LLC race 32653
For further information of	concerning this matter, please co		·
Sophia M	Pew2	at (S(O) 338 Area Code Dayt	me 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: Tallahassee,	Section Corporations 27	Street Address: Registration S Division of C The Centre o 2415 N. Mon	Section Corporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cruz-Perez Counseling 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 December	er 13,20	524 _{nd assign}	ned
Florida document number <u>L21000524125</u>	·	•		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ity Company," the designation "	LLC" or the abbr	reviation "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 a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name	of the new 1	<u>registerec</u>
Name of New Registered Agent:	**		202	
New Registered Office Address:	Enter Florida street aa	ldrass	22 DI	
		. Florida	Zip Code	· · · · ·
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6	s, and I am fa 05, F.S. Or, ij	ımı∏ır v ⇔ ı f this docum	and ient is
If Char	iging Registered Agent, Signat	ure of New Regi	istered Agent	

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

Title	<u>Name</u>	Address	Type of Action
Mgr	Sophia M. Penez	6423 NW 30 ^{TL} Tenace Gainesule, F1	- Add
J		Gainesulle, Fl	.32653
			Remove
			□Change
-			□Add
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			□Remove
			Change
			□Remove
			Changa

. Ham	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an et Note:	five date, if other than the date of filing:
he reco ord is f	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 fled.
Dated	12-22-21
	mm
	agnature of a member of a thorized representative of a member
	Sophia M. Perez Typed or printed name of signee

Filing Fee: \$25.00