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## **COVER LETTER**

TO:

	Registration Sc Division of Cor					
The Anchored Group Counseling and Wellness, LLC				,		
SUBJECT: Name of Limited Liability Company						
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	tum all correspo	ondence concerning this matter	to the following:			
		Shivon Patel, Esq.				
Name of Person						
		The Principal Law Firm, F	P.L.			
Firm Company						
490) International Parkway, Suite 1021						
Address						
Sanford, Florida 32771						
City/State and Zip Code						
		shiyon@principallaw.net				
			to be used for future annual report not	nncalion)		
For furthe	er information c	oncerning this matter, please c	all:			
Shivon Patel, Esq.			407 322-3003 at ( )			
Name of Person				ne Telephone Number		
Enclosed	is a check for the	ie following amount:				
<b>■</b> \$25.0	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 Section		Street Address: Registration Se	ection			
Division of Corporations			Division of Co	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 16 AM 8: 58

The Anchored Group Counseling and Wellness, LLC

SECRETARY OF STATE
---TALLAHASSEE.FI

(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  $\frac{12/16/2021}{1}$ \_\_\_\_\_ and assigned Florida document number <u>L2100</u>0529357 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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 , Florida \_\_\_\_\_\_Ziv Code CuvNew 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 Changing Registered Agent, Signature of New Registered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Alicia Olivieri	1723 Queen Palm Drive	Add
		Edgewater, Florida 32132	
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		<del></del>	Change
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			Change
			= Add
			Remove
			— Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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

Dated May 9 th 2022

Signature It a member or authorized representative of a member

Suri Mabe

Typed or printed name of signee