## L21000532900

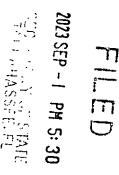
(Requestor's Name)	
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## COVERLETTER

TO: Registration Se Division of Cor			
SUBJECT:	Christian Counceli	ng of Tampa Holdi	igi LLC
SUBSECT.	Name of Lim	ited Liability Company	J
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CI.	. Ti	
	MV	Name of Person	
	Chr	istian Counselity of Firm/Company	Tampa Holdings LLC
	809 Lorer	ng Rd, Address	
	lutz F	FL 33548 City/State and Zip Code	
	1	City/State and Zip Code	
	E-mail address. (	CCS+ Counseling. co be used for future annual reportmont	ication)
For further information co	oncerning this matter, please ca		
Chris	Thayer	at ( <u>\$13</u> ) 713 Area Code Daytim	-3862
Name of	Person	Area Code Daytim	e Telephone Number
	6.11		
Enclosed is a check for th	_	<b>–</b>	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTIAN COUNSELING OF TAMPA HOLDI	NGS, LLC
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compare Florida document number L21000532900	ny were filed on 12/27/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited in	ability company here:
CHRISTIAN COUNSELING OF TAMPA SHARING ACCOUNT	Г, LLC
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	_67! <b>73</b>
	EP =
Enter new mailing address, if applicable:	第 1 万
• • • •	OC P
Mailing address MAY BE A POST OFFICE BOX)	
	· IE <b>ö</b>
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		***************************************	□Remove
			Change
		□Add	
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			□Change

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n effecti <u>te:</u> If t	date, if other than the date of filing: (optional) 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 605.0 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.
cord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after to
	August 28th 2023
ted	,
ted	August 28th, 2023.  Signature of a member or authorized representative of a member