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(Address)

(Address)

(City/State/Zip/Phone #)

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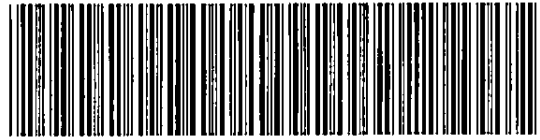
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TALLAHASSEE, FLORIDA

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A. RIVERS

JUN - 3 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dignity Counseling, PLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Cornell
Name of Person

Dignity Counseling, PLLC
Firm/Company

1012 E Silver Springs Blvd, Suite B D-8
Address

Ocala, FL 34470
City/State and Zip Code

sandi@dignitycounseling.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Cornell at (352) 502-5523
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

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

Dignity Counseling, PLLC
(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 January 11th 2022 and assigned Florida document number L22000023975.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Dignity Counseling, PLLC
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:

Sandra Cornell

New Registered Office Address:

1012 E. Silver Springs Blvd,
Enter Florida street address

Ocala
City

Florida

Zip Code

34450

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.

X Sandra Cornell

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>	<u>Type of Action</u>
MGR	Brandy Forman-Kraft (Brandy Forman)	1012 E. Silver Springs Blvd. Suite B D-8 Ocala, FL 34410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		1012 E. Silver Springs Blvd. Suite B D-8 Ocala, FL 34410	<input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Brandy Forman-Kraft (Brandy Forman)		<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Brandy Forman (Brandy Forman-Kraft) completed an "Assignment of Membership Interest" giving Sandra Cornell 100% membership interest in Dignity Counseling, PLLC. (see attached)

Brandy Forman (Brandy Forman-Kraft) completed an "Action in Lieu of Meeting" waiving requirements of a formal meeting to transfer/assign 100% membership interest in Dignity Counseling, PLLC to Sandra Cornell.

E. Effective date, if other than the date of filing: April 12th 2023 (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 record is filed.

Dated April 12th 2023

X Sandra Cornell

Signature of a member or authorized representative of a member

Sandra Cornell

Typed or printed name of signer