L22000082127

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SECRETARY OF STATE
TALLAHASSEE TATE

A. BUTLER MAR 2 5 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Breakthrough Bar Name of Lin	niers Counseling LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sull Please return all correspondence concerning this matter	•
Meghan Berge	Name of Person
Breakthrough	Barriers Counseling LLC Firm/Company
824-D North J	John Young Parkiuay
Klssimmee, FL	. 34741 City/State and Zip Code
meghan.berge	City/State and Zip Code ex. Imhc @ gmail. com (to be used for future annual report notification)
For further information concerning this matter, please of	call:
Meghan Berger Name of Person	at (<u>443</u>) <u>340-4543</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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 Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Breakthrough Barrie	rs Counseling LC2 MAR 14 PM 12:56
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)
	IALLANASSEE, EL
The Articles of Organization for this Limited Liability Con	npany were filed on 03/21/2022 and assigned
Florida document number <u>L2200082127</u>	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRE	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	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 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
AMBR	Meghan Berger	8.24-D North John Yaung Po	MAD SADD
		8,34-D North John Yaung Po Kissimmee, FL 34741	□ Remove
			□Change
			□Add
			□Remove
			□Change
.			□ Add
			□Remove
			□Change
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			Remove
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(If an effect Note: If	e date, if other than the date of filing:
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Dated _	Mayhan Berger Typed or printed name of signee
	Mich Ry
	Signature of a member or authorized representative of a member
	200 and a 10 Bayona
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