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COVER LETTER

SUBJECT:	AUTHENT	IC COUNSELING CONNEC.	TIONS ELC	
SUBJECT		Name of Limi	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		Stephanic Goebel		
			Name of Person	····
		ZenBusiness Inc.		
			Firm/Company	
		5511 Parkerest Drive, Ste.	103	
			Address	
		Austin, TX 78731		
		fulfillment@zenbusiness.co		
		E-mail address: (1	to be used for future annual report notific	ation)
For further in	formation co	oncerning this matter, please ca	all:	
Stephanie Go	oebel c/o Zer	nBusiness Inc.	844 493-6249 at () ===============================	
Name of Person		Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling 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

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- . ED

AUTHENTIC COUNSELING CONNECTIONS LLC

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(A Florida Limited	Liability Company)	<u>nus.)</u>	
The Articles of Organization for this Limited Liability Company	and assigned		
Florida document number 1.22000145012			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	#1020 7191 Cypress Lake Drive, Ste 3		
(Principal office address MUST BE A STREET ADDRESS)	Fort Myers, FL 33907		
Enter new mailing address, if applicable:	#1020 7191 Cypress Lake E	Orive, Ste 3	
(Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL 33907		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		rds, <u>enter the name of the r</u>	
Niema a CNiema Daniera and Alama			
Name of New Registered Agent:	44.4		
New Registered Office Address:	Enter Florida street add	<u></u>	
	Enter Florida street address		
		FloridaZip Code	
	•	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		***	

If Changing Registered Agent, Signature of New Registered Agent

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
	-		□ Add
		<u>.</u>	Remove
			Change
			Add
			□ Remove
			Change
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			☐ Change
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		A CONTRACTOR OF THE PARTY OF TH	
			□ Remove
			Change

. If amending any other inform	iation, enter change(s) here:	(Allach additional sheets, if neo	vessary.)
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Effective date, if other than to (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applicabl	date of filing or more than 90 days after the statutory filing requirements, the	ional) or tiling.) Pursuant to 605.0207 (3 is date will not be listed as th
the record specifies a delay The 90th day after the re		an effective time, at 12:01	a.m. on the earlier of:
Dated July 17	2022		
/s/ALYSON WOGI			
	Signature of a member or authoriz	red representative of a member	
ALYSON WOGENR	ЮН		
	Typed or printed t	name of signee	

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Filing Fee: \$25.00