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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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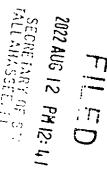


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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT: UN LO	Kixi 6 YOUR E. Name of Limit	(IND - ADDY CO UN led Liability Company	BELING "LLC"
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	MONICA CU	Name of Person	<u>/</u>
	UNLOCKING	YOUR MIND - BOD Firm/Company	Y COUNSELING "LLC"
	6510 041	HA TRL Address	
	TA CLAHASSE	E FLORIDIT City/State and Zip Code	32309
	Mow MASSION E-mail address: (t	US 6 HAIL, CO	old (ication)
For further information c	oncerning this matter, please cr	aB:	
MONICA MA Name o	SSION f Person	at (SSO) S44 Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fifing 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 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG 12 PM 12: 41

(Name of the Limited Liability Company as it now appears on our records.) [ALLAHASSEE, 18]
(A Florida Limited Liability Company)

Florida document number <u>L 22000268047</u>	Company were filed on $\frac{6-73}{2}$	and assigned
Florida document number	 .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation	n "LLC" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:		enter the name of the new registered
New Registered Office Address:	Enter Florida stres	t address
 :	Enter Florida stree	
 :		t address , Florida Zıp Code
 :	City	

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>	Name	Address	Type of Action
AR_	MASSION, NORMAN, W JI	R 6510 OMAHA TRAIL TALLAHASSEE, FL 32309	□Add
		TA LLAHASSEF, FC 32309	ERemove
			Change
A <u>R</u>	CNOBEL MASSION MONIC	A 6510 OMAHA TRAIL	2 %4d
	;	TALCAHASSER, FC 32309	□Remove
			□Change
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f ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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f an ct Note:	ive date, if other than the date of filing:
e reco rd is ti	rd 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 led.
Dated	AUGUST 12 2002
	hishassion
	Signature of a member of authorized representative of a member
	MONICA CNOSE MASSION

Filing Fee: \$25.00