L22000464579

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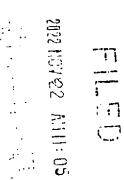
A. RIVERS

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A. RIVERS FEB - 8 2023

COVER LETTER

TO: Registration Section of Corp.			
SUBJECT: Africu	ilture Councelin	ded Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
		unseling Center LL	
		St. PMB 44 209 Address	
	Millimi, FL amatowe Qgn E-mail address: 110	33179 City/State and Zip Code Mail. (OM) o be used for future annual report notif	ication)
For further information col	ncerning this matter, please ca	M:	
Dorcas Mat		at (<u>954</u>) <u>357</u> - Area Code Daytime	- 2829 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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 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

Africulture (ounself	ing Center LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C Florida document number $\frac{L22000464579}{}$	Company were filed on 10/28/2022	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim Africulture Councelling Cente The new name must be distinguishable and contain the words "Lim	er PLIC	abbreviation "L.L.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	(RESS)		
Enter new mailing address, if applicable:			
(Mailing 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:	d office address on our records, <u>enter the n</u> e	ame of the new	registered
Name of New Registered Agent:		- <u>13</u> - 13	- (
New Registered Office Address:	C . Cl . L	· 기 - 라	1:1
	Enter Florida street address Florida		
	City , Florida	Zip 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.

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
			□ Add
			□Remove
			□ Change
			□Remove
			□ Change
		·	□Add
			□Remove
			□ Change
			□Add
			Remove
			
			□Add
			□Remove
			□Change
		 	
			□Remove

	Amendment has been requested to recognize that Africulture (ourseling Center is a professional organization that provides
	Counselling Center is a professional organization that provides
	neutal watth consolving.
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ffec If	e date, if other than the date of filing:
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
	November 17 2022
	Millalome
	Signature of a member or authorized representative of a member