

To:

Page: 1 of 5

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18506176383

From: ZenBusiness User

L2300014323

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ZENBUSINESS INC.
Account Number : I20230000190
Phone : (844)449-3624
Fax Number : (512)597-0678

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THE COUNSELING SOLUTION LLC

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To:

Page: 2 of 5

2025-01-29 11:27:14 UTC+14

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From: ZenBusiness User
H25000033
497 3

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Counseling Solution LLC
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:

Rasheem Edward

 Name of Person

Zenbusiness Inc.

 Firm/Company

336 E. College Ave Suite 301

 Address

Tallahassee, FL 32301

 City/State and Zip Code

fulfillment@zenbusiness.com

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zenbusiness Inc c/o Rasheem Edward 844 4936249
 _____ at (_____) _____
 Name of Person 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 & 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

2025-01-29 11:27:14 UTC+14 18506176383

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

The Counseling Solution LLC

(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 2023-01-06 and assigned
Florida document number 123000014323.

This amendment is submitted to amend the following:

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

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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 Changing Registered Agent, Signature of New Registered Agent

To:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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3

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Alexia Tanith Touboul		<input type="checkbox"/> Add
		6210 Golf Villas Drive Boynton Beach , FL 33437	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alexia Tanith Wagner	6210 Golf Villas Drive Boynton Beach , FL 33437	<input checked="" 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
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			<input type="checkbox"/> Change

