Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230003417173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ALOHA NUI SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

SEP 3 0 2023

K. Brumble)

To: 18506176383 From: 12147128131 Date: 09/29/23 Time: 4:04 PM Page: 02/04

fitH23000341717.3tm

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALOHA NUI SERVICES LLC							
(Name of the Limited I (A)	Jability Compan Florida Limited Li	was it now app ability Compan	ears on our recor y)	<u>'ds.</u>)			
The Articles of Organization for this Limited Liabil	lity Company v	vere filed on	05/15/2023		;	and ass	igned
Plorida document number L23000238762	 -						
his amendment is submitted to amend the following	ng:						
A. If amending name, <u>enter the new name of the</u>	e limited liabil	ity company	here:				
Aloha Nui Counseling, LLC							
he new name must be distinguishable and contain the words	s "Limited Liabilit	ty Company," th	e designation "L.L.	C" or the	e abbrevii	ition "L	r C
Enter new principal offices address, if applicable	e:				<u>-</u>		
Principal office address MUST BE A STREET A	(DDRESS)						
							-
enter new mailing address, if applicable:							
Mailing address MAY BE A POST OFFICE BO.	.\)						
3. If amending the registered agent and/or regis	stered office ac	ldress on our	r records, <u>ente</u>	r the n	ame of t	he nev	v r <u>egistere</u>
gent and/or the new registered office address he					• •		
					<u> </u>	2023 SEI	
Name of New Registered Agent:					1.	SEP.	<u> </u>
· · · · · · · · · · · · · · · · · · ·						29	三三三
New Registered Office Address:		Enter 5	landa street addre	23.5			5= 2
						PH	
_		Ciw	, F	lorida .	7.	n Cade	
		City			7-1,	, L.Q.	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To: 18506176383 From: 12147128131 Date: 09/29/23 Time: 4:04 PM Page: 03/04 ((H2S:00:4471738))

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>	<u>Address</u>	Type of Action
AMBR	BARRY BOONE	8602 BOWER BASS CIRCLE	□ Add
		WESLEY UHAPEL, Ft. 33545	= Remove
			Remove
			C \hange
			HRemove
			[3] Change
			T.Add
			IRemove
			Change
			CRemove
			LiChange
			LJAdd
			[Remove
			Change

·	
ote: If the date inserted in this block cument's effective date on the Department.	date of filing:
Septembor 1st	2023
CR: KO	ignature of a member of authorized representative of a member
	Typed or printed name of signee

+ - - To: 18506176383 From: 12147128131 Date: 09/29/23 Time: 4:04 PM Page: 04/04

(((1123000341717/3)))