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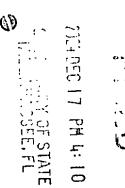
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COVER LETTER

	stration Section sion of Corpor					
	Julien Life Coa					
SUBJECT: _		Name of Lim				
The enclosed .	Articles of Ame	endment and fee(s) are sub	mitted for filing			
Please return a	all corresponde	nce concerning this matter	to the following:			
		Beatrice Lafleur				
			Name of Person			
Julien Life Counseling Ser		vices, LLC				
Firm/Company			N-1			
2 Pine Cone Dr #352563						
	,		Address			
	i	uliencounseling@gmail.co	City/State and Zip Code	· 		
	_		to be used for future annual report notifi	cation)		
For further inf	formation conce	erning this matter, please c	all:			
Beatrice Lafte	еиг		386 287-2575			
	Name of Per	son		Telephone Number		
Enclosed is a	check for the fo	ollowing amount:		OD TO THE		
□ \$25.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Ree. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address:	TA TO			
Division of Corporations		Registration Sectors Division of Corp				
P.O. Box 6327		The Centre of Ta	allahassee			
Talla	ahassee, FL	32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
			rananassee, f.L.	J2JUJ		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Julien Life Coaching Services, LLC	
(Name of the Limited Lis (A Flo	ibility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L23000243443	y Company were filed on May 17, 2023 and assigned and assigned
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
Julien Life Counseling Services, LLC	
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 AL	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office address on our records, enter the name of the new registered
Name of New Registered Agent:	$=$ \sim \sim
	172
New Registered Office Address:	Enter Florida street address , Florida
-	City City and A W.
New Registered Agent's Signature, if changing Regist	ered Agent:
provisions of all statutes relative to the proper an accept the obligations of my position as registere	ent and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or, if this document is tered office address. I hereby confirm that the limited liability ge.

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
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			(D) ✓ □ Change
	- 		UD Change
			S E Remove
			S PRemoye S Part Change
		 	□Remove
			□ Change

fective date, if other than the date of filing: November 1, 2024 (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Its: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cument's effective date on the Department of State's records. (b) Compared to the polity day after the infiled. December 1 2024 Signature of a member or authorized representative of a member Fig. 6 Fig. 6 Fig. 7 F						<u></u>	
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