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COVER LETTER

Division of Cor		•	÷ ,				
SUBJECT:	BUNUS (1) Name of Lin	MNSUING UC	 				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	JESSICO HANSEN Name of Person						
	Bea	unside Counseling	,LC				
	4016 So	wh Third St	reet #1150				
	Jacksonvi	U Beach FL. 3 City/State and Zip Code	2250				
	Beach Cide Con	1911 JUC 6 5	mail-com				
For further information c	oncerning this matter, please ca		(Cation)				
USSICW H	Hansen Person	at (<u>904</u>) <u>482 - (</u> Area Code Daytime	2731 Telephone Number				
Enclosed is a check for the	ne 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 S	Section	Street Address: Registration Sec					
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee					
Tallahassee. F	FL 32314		Street_Suite_810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beaches Counse	ling, LLC	•
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our rec d Liability Company)	ords.)
	Lu.	
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		S. S.
A. If amending name, enter the new name of the limited lia	bility company here:	
Beachside Counsylina	, UC	
The new name must be distinguishable and contain the words "Limited Na	bility Company," the designation "L	LC" 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	e address on our records, <u>ent</u>	er the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	iress
· · · · · · · · · · · · · · · · · · ·		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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
			□ Add
			□Remove
			Change
			
			□Remove
			Change
	***************************************		□Add
			□Remove
			□Change
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effective <u>e:</u> If the	date is list date inse	ed, the date erted in this	the date of f must be specifie s block does r e Department	and ca	t the appli	icable statuto	ing or more the ry filing rec	an 90 days	ptional) after filing.): this date w	Pursuant to 605 vill not be list	5.0207 (I red as th
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