

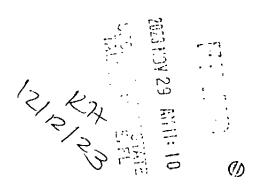
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COVER LETTER

	egistration Se ivision of Cor				
SUBJECT	AMN Cou	nseling Solutions, LLC			
SUBJECT	•	Name of Limi	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	to the following:		
		Amber Nagy			
			Name of Person		
		AMN Counseling Solution	s, LLC		
	Firm/Company				
		3301 Pinchurst Drive			
			Address		
		Boynton Beach, FL 33426			
			City/State and Zip Code		
		amncounselingsolutions@g			
		E-mail address: (to be used for future annual report notifi	ication)	
For further	information o	concerning this matter, please co	all:		
Amber Na	egy		732 397-9121 at ()_	2023 N	• • ;
	Name o	of Person	Area Code Daytime	Telephone Number - 29	# 13
Enclosed is	s a check for t	he following amount:		S60.00 Filing Fee.	
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	(1997 (2)

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

AMIN Counseling Solutions, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L23000354644	were filed on 07/27/2023	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 agent and/or the new registered office address here:	address on our records, enter the na	me of the new registe	<u>ered</u>
Name of New Registered Agent:		N 12	1 5
New Registered Office Address:	Enter Florida street address , Florida	9	7
	City	Zip Code	-
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	mi —	$\langle \cdot \rangle$

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Amber Nagy	3301 Pinehurst Drive	
		Boynton Beach, FL 33426	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			ACS CONTRACTOR AND ACCOUNTS OF THE PROPERTY OF
			Remove 1
			Remove
			□Change
			□Add
			□Remove
			□ Change

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n effective date is listed, the date m	e date of filing:	of filing or more than 90 days after fili	ing.) Pursuant to 605.0207 (
cument's effective date on the	block does not meet the applicable state. Department of State's records.	nutory ming requirements, this d	. 0/ -
ecord specifies a delayed effect is filed.	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
October 21	2023		
nted			
V —	Signature of a member or authorized r	epresentative of a member	

Filing Fee: \$25.00

Typed or printed name of signee