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(Business Entity Name)
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## **COVER LETTER**

TO:	Registration Se Division of Cor	· ;						
Orin en		WFL EDUCATIONAL COUNSELING & CONSULTING, LLC						
SUBJE	CI:	Name of Lim	<del></del>					
The enc	losed Articles of	Amendment and fec(s) are sub	mitted for filing.					
Please re	eturn all correspo	ndence concerning this matter	to the following:					
		RHONDA L. KOSH						
			Name of Person					
		SWFL EDUCATIONAL C	COUNSELING & CONSULTING	GLLC SER				
Firm/Company				三				
450 CHRISTOPHER COURT				18				
		<del></del> -	Address					
	LABELLE, FL 33935							
			City/State and Zip Code	F. 3				
		swfleducationalcounseling2	3@gmail.com					
		E-mail address: (	to be used for future annual report no	tification)				
For furt	her information c	oncerning this matter, please ca	all:					
Rhonda	L. Kosh		863 517-0560					
-	Name o	f Person		me Telephone Number				
Enclose	d is a check for th	ne following amount:						
Ū√\$25	5.00 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			Street Address: Registration S	ection				
			Division of Co					
	P.O. Box 632	27	The Centre of Tailahassee					
Tallahassec, FL 32314			2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWFL EDUCATIONAL COUNSELING & CONSULTING, 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 SEPT 15, 2023 and assigned 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

## 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.

City

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
AP	FRANCISCO G. KENDRICK	450 CHRISTOPHER COURT	□Add
		LABELLE FL 33935	Remove
			□Change
AP	MELODY TOWNSEND	450 CHRISTOPHER COURT	■Add
		LABELLE, FL 33935	Remove
			Change Co
		<del></del>	☐ ☐ Remove
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