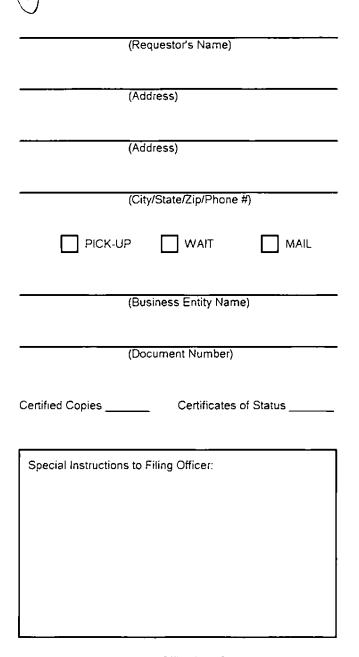
## 







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## **COVER LETTER**

TO: , Registration Section Division of Corpor		•	<del>,</del>
SUBJECT: CHR	YSALIS (0 Name of Limit	UNSELLI'NG ted Liability Company	, LLC
,			LCSW
	ANCHORA	GE COUNSELI Firm/Company	NF, LLC
1	1600 SE ST	LUCIE BLVD., UN	IT 309_
_		••••	
	CHRYSALIS COUNSELLING, LLC  Name of Limited Liability Company  and Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  WEUSA P. SHELDON, LCS W  Name of Person  ANCHORAGE COUNSELING, LLC  Firm/Company  [600 SE ST LUCIE BLVD., UNIT 309]  Address  STUART FL 34996  City/State and Zip Code  VOlleygir   110 8 @ gmail com  Entail address: (to be used for future annual report notification)  information concerning this matter, please call:  2 [15a Stridon at 73a 336-5688]  Name of Person  Technology amount:		
Melisa SI Name of Po	ridon	at (73a) 236 Area Code Daytim	- 5682 e Telephone Number
Enclosed is a check for the f	ollowing amount:		
\$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address:		Street Address:	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

CHRYSHLIS COUN		onds)
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our rec ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 11 27	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:	
ANCHORAGE COVI		C
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	/D	17-3
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	<u> </u>	
		Ċ
Enter new mailing address, if applicable:		
•	Á)/A	ဟု
(Mailing address MAY BE A POST OFFICE BOX)	10   11	7.7 N)
		13
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>er</u>	ater the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
The state of the s	Enter Florida street a	ddress
		, 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 added or removed from our records:

MGR = Manager AMBR - Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	NA	N/A	
			□Remove
	\		Change
<del></del>			□Add
			□ Remove
		<u></u>	□Change
<del></del>			□Add
			□Remove
			□Change
			□ Add
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			Change
			□Add
			□ Remove
			Change
			<u> □</u> Add
		-	CKemove
			□Change

	NA
_	
_	
(If an effect Note: If	e date, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ora is iiiec	
Dated	$\frac{12}{9} \frac{4}{9} = \frac{2023}{16000}$
ord is filed	Multip P Shellow Signature of a member or authorized representative of a member

Filing Fee: \$25.00