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COVER LETTER

TO:

Registration Section

Division of C	Corporations		
Michelle	Khalife, LCSW, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Michelle Khalife		
		Name of Person	
	Michelle Khalife, LCSW,	LLC	
	<u> </u>	Firm/Company	
	3605 W Azeele St, Suite 2	02	
		Address	
	Tampa, FL 33609		
	thomas (Carishall abhulifa a	City/State and Zip Code	
	therapy@michellekhalife.co E-mail address: (to be used for future annual report no	otification)
For further informatic	on concerning this matter, please c	all:	
Michelle Khalife		703 5088811	
Nan	ne of Person	at () Area Code Dayti	ine Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fed	E □ \$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 Ado Registratio	on Section	Street Address: Registration S	
Division o P.O. Box 6	f Corporations 6327	Division of C The Centre of	•
	e, FL 32314		roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michelle Khalife, LCSW, LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2021 FEB 22 PH 2: 05 The Articles of Organization for this Limited Liability Company were filed on 2/12/2024 ... and assigned Florida document number L24(XXX)76158 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: 3506 W Azcele St. Suite 202 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.

Tampa

______, **Florida** 33((0)) Zin Code

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
AMBR	Michelle Khalife	3605 W Azcele St, Suite 202	= Add
		Tampa, FL 33609	□Remove
			□Change
			□Add
			□Remove
			□Change
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ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department.	specific and cannot be price does not meet the appl	icable statutory filing		
cord specifies a delayed effective d filed.	ate, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) The	90th day after the
February 16th	2024	·		
dlk	ralife			
Ci,	nature of a member or aut			