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## **COVER LETTER**

	Registration Sect Division of Corpo				
SUBJEC	T: <u>Green</u>	Bird Sanctu Name of Lim	ary Counseling ited Libbility Company	services 1	Supervision LLC
The enclose	sed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please reti	urn all correspone	lence concerning this matter	to the following:		
		Victoria	Schreiber Name of Person		
			Firm/Company		
		1455 SW	15th terrace	<u>.</u>	
		Fort Laud VfSchreib E-mail address: (	erdale, FL 3- City/State and Zip Code ev@gmail.co	33/2 o M ication)	
For furthe	r information con	cerning this matter, please c			
Vid	Name of F	hreiber	at (954) 295 Area Code Daytimo	5-0784 Telephone Number	
Enclosed	is a check for the	following amount:			
日 \$25.0	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 enclo	
_	Mailing Address: Registration Se	ection	Street Address: Registration Sec	etion	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division of Cor			
		The Centre of Tallahassee			
		2415 N. Monroe	e Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Bird Sanctuary, Counseling, (Name of the Limited Liability Compan) (A Florida Limited Liability Compan)	and Clinical Superision our records.)  iability Company)	n Services L
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2400030568</u> 7	·	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile    Christian F. Schreiber Lo   The new name must be distinguishable and contain the words "Limited Liability"		eviation "L.L.C."
Enter new principal offices address, if applicable:	37	<u>N</u>
(Principal office address MUST BE A STREET ADDRESS)	no change :	4 88
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	no change	5: 5: 0: 0: 0: 0: 0:
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the name	of the new registered
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I am fai	miliar with and

If Changing Registered Agent, Signature of New Registered Agent

no change

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.

## Page 2 of 3

(If an el	five date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	September 9. 2024 Signature of a member or authorized representative of a member
	Victoria F. Schreiber Typed or printed name of signee