<u>La4000308307</u>

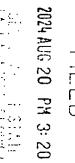
(Requestor's Name)			
(Address)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Registration Division of (
GNS Co	ounseling, LLC		
SUBJECT:	,	Name of Limited Liability Company	
Dear Sir or Madam:			
The enclosed Stateme	ent of Correction and fee(s) a	re submitted for filing	<u>;</u> ,
Please return all corre	espondence concerning this n	natter to the following	::
Calvin Sloan			
	Name of Person		-
GNS Counseling, LL	c		
	Firm/Company		-
1831 Lake Cove Driv	ve.		
 	Address	 	•
Lake Worth Beach, F	TL 33460		
	City/State and Zip Code		-
gnscounseling@outle	ook.com		
E-mail address:	(to be used for future annual	report notification)	-
For further information	on concerning this matter, plo	ease call:	
Calvin Sloan		561 at (403-9151
Nar	ne of Person	Area Code	Daytime Telephone Number
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
Enclosed is a check	for the following amount:		
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	STATEMENT OF CORRECTION
	FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY
	PEORIDA OR FOREIGN EIMITED EIABIEITT COMTANT
	STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY It to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: GNS Counseling, LLC
<u>FIRST</u> :	The name of the limited liability company is: GNS Counseling, LLC
<u>SECON</u>	L24000308307
THE	Details of Entity Name:
<u>THIRD</u>	
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
×	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	The titles are incorrect. The titles states Director, the bank will not approve a business account.
	The titles on all names should be manager.
	<u>OR</u>
0	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	<u>OR</u>
₂	The electronic transmission of the record was defective.
	Signature of Authorized Representative Date
	re of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign agent designation).
I hereby provisio abligati	gistered Agent's Signature, if changing Registered Agent: caccept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the constant of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely change in the registered office address, I hereby confirm that the limited liability company has been notified in writing hange. Registered Agent's Signature
	Filing Fee: \$25.00
	Certified Copy: \$30.00 (optional)