## P04000055141

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: LCS Integrative Co	ounseling & Consulting Ser	rvices, Inc		
	IBER: PO4000055141				
	s of Amendment and fee are sul	bmitted for filing.			
Please return all corr	espondence concerning this mat	tter to the following:			
	Curtis Christic				
	•	Name of Contact Person	1		
	LCS Integrative Counseling & Consulting Services, Inc.				
		Firm/ Company			
	4703 NW 53rd Ave., Suite A-2				
	Address				
	Gainesville, Florida 32653				
		City/ State and Zip Code	t		
	info@counselinggainesville.o	rg			
	E-mail address: (to be us	ed for future annual report	notification)		
For further informati	on concerning this matter, pleas	e call:			
Curtis Christie		at ( <sup>352</sup>	262-9924		
Name	of Contact Person	Area Co	) 262-9924 de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made p	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Di P.C	nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

LCS Integrative Counseling & Consulting Services, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)	<u> </u>
PO4000055141	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following a its Articles of Incorporation:	mendment(s) t
A. If amending name, enter the new name of the corporation:	
Lucent Collaborative Services, Inc.	he new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain to "chartered," "professional association," or the abbreviation "P.A."	"Corp., "
B. Enter new principal office address, if applicable:  N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	- ·
<del> </del>	621
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  N/A	<u>.</u> .
Manage date of the Bonny	70 , 1
	 <del>-</del>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	0
new registered agent and/or the new registered office address:	
Name of New Registered Agent N/A	
(Florida street address)	
New Registered Office Address:	
(City) (Zip Cod	e)
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent, if changing	
organitae by wen negative a agent, if thanging	

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	Ϋ́	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	N/A		_
Add			
Remove			
2) Change			
Add			<u> </u>
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
N/A
<del></del>

• • •

The date of each amendmen		, if other than the
date this document was signed Effective date <u>if applicable</u> :	January 1, 2022	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, he Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amen ere sufficient for approval.	dment(s)
	re approved by the shareholders through voting groups. The following d for each voting group entitled to vote separately on the amendment(s	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
Dated	11/13/2021	
Signature	a Sala	
(B	y a director, president or other officer – if directors or officers have no lected, by an incorporator – if in the hands of a receiver, trustee, or oth pointed fiduciary by that fiduciary)	
. ,	AliceDiane D. Scharf	
	(Typed or printed name of person signing)  Director of Operations / Co	(EO
	(Title of person signing)	