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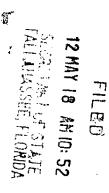
(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporat	ions		
-	MON: JENNIF	GR FORTUNE 002756	E, LMHC, P.A.
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this matter to the following:			
	JENNIFE 1807 3K JACKSONVI FORTUNE @	Name of Contact Person R FURTUNE Firm/ Company 2D STREET Address LUE BEACH City/ State and Zip Code FORTUNE LEG red for future annual report	LMHC, P.A. J J J AL, COM
For further information co	oncerning this matter, pleas	e call:	
<i>_</i>		2.4	
	FORTUNE Contact Person		
Enclosed is a check for the following amount made payable to the Florida Department of State:			
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailin	g Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to Articles of Incorporation
of The second se
JENNIFER FORTUNE, LMHC, PA.
(Name of Corporation as currently filed with the Florida Dept. of State)
P12000002756
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
COASTAL COUNSELING, PA The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SAME N/A
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent
(Ekorida street address) SAME_
New Registered Office Address:, Florida, Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent if changing
Nanature of New Registered Agent it changing

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)

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.

Example: X.Change X.Remove X.Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	N/A SAME	
Type of Action (Check One)	Title	<u>Name</u>	,	Address .
1) Change Add Remove				
2) Change Add Remove	;	_		
3) Change Add Remove		- —	<u> </u>	
4) Change Add Remove		-/		
5) Change Add Remove	/			
6) Change Add Remove		_		

amending o utach additio	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
-	
· · · · · · · · · · · · · · · · · · ·	
 	
 	
	
fan amendr	nent provides for an exchange, reclassification, or cancellation of issued shares,
<u>provisions f</u>	or implementing the amendment if not contained in the amendment itself:
(if not ap	pplicable, indicate N/A)
	il //
	NU
	

The date of each amendment(s) adoption: $\frac{5}{17}/2012$
Effective date if applicable: 5/17/2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 5/17/2012
Signature Smub Detorture
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
JENNIFER D FORTUNE
(Typed or printed name of person signing)
PRESIDENT DUNER
(Title of person signing)