P250000000900

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u>, </u>





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2025 JAN 15 AM 9: 02 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: SUNCOAST LIFE	COUNSELING INC	
DOCUMENT NU	MBER: P25000000900		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	itter to the following:	
	MARGARET ROSA		
	- 118 118 - 11	Name of Contact Person	n
	SUNCOAST LIFE COUNSI	ELING INC	
		Firm/ Company	
	1564 IMPERIAL KEY DR		
		Address	
	TRINITY, FL 34655		
		City/ State and Zip Cod	<u>-</u>
	SUNCOASTLIFECOUNSE	LING@GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	tion concerning this matter, plea	se call:	
MARGARET ROS	SA	at (347	350-3311
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
А О Р	Mailing Address Imendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Amend Division The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment Articles of Incorporation

SUNCOAST LUFE COUNSELING INC	
(Name of Corporation a	s currently filed with the Florida Dept. of State)
P2500000900	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	stutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
SUNCOAST LIFE COUNSELING INC	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
P. Vater now reincinal office address if applicable	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	SSS)
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	N/A AAA 5
	SSC F
	ma 💆
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent N/A	
	(Florida street address)
	`
New Registered Office Address:	, Florida
	(202)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	a familiar with and accept the obligations of the position.
Signature	e of New Registered Agent, if changing
Cheek if upplies blo	

☐ 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	MARGARET ROSA	1564 IMPERIAL KEY DR
Add			TRINITY, FL 34655
Remove			
2) X Change	SEC	MARGARET ROSA	1564 IMPERIAL KEY DR
Add			TRINITY, FL 34655
Remove 3) Change		_	
Add			***
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

маси навиновин зпесех, у песех	sary). (Be specific)			
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f an amendment provides for a provisions for implementing th	n exchange, reclassification	on, or cancellation of issi	ued shares,	
(if not applicable, indicate N	<u>e amenument ir not coma</u> //A)	med in the amendment	usen.	
()	,			
· · · · · · · · · · · · · · · · · · ·	<u> </u>			
			<u> </u>	· · ·

The date of each emendment(c)	adoption:, if other than the
date this document was signed.	adoption, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	ist for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
01/09/20	25
Dated	
Signature M	Aurgaret Rosa
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	MARGARET ROSA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)