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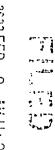
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COVER LETTER

TO: Registration Section * Division of Corporations	100 mg 10
SUBJECT: FOUNDATER FOR ALACHMENT 97 15	rawm w, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Terresa Bartlett Name of Person	_
Firm/Company	_
Ule Elm Street Address	_
City/State and Zip Code 1 MF6 D. CENTER FOV A HALLIM THE (to be used for future annual report notification)	SECRES -
For further information concerning this matter, please call:	32 6 7 30 m 77
Texes Bay 16++ at (813), 712-9975 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &
Mailing Address: Registration Section	

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

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Floyida Clyter For A+4a((Name of the Limited Liability Compar (A Florida Limited L	MMent G Truma, LLC ny as it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700088389</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Center for Attachment Control The new name must be distinguishable and contain the words "Limited Liability Control The new name must be distinguishable and contain the words "Limited Liability Control The new name must be distinguishable and contain the words "Limited Liability Control The new name of the limited liability Control The new name of the liability Control The new name of the limited liability Control The new name of the liability Control The new name of the limited liability Control The new name of the liability Control The new n	CAUMA . I J. F.
Enter new principal offices address, if applicable:	5005 Center Ct.
(Principal office address MUST BE A STREET ADDRESS)	St. Cloud, FL 34772
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7023 FEB - 9 SECRETAR TALL NIT
The state of the s	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
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 agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or. if this document is 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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Effective date, if oth	er than the date of	filing: 2	2 2023	(ор	otional)	
Mote: If the date inser	ted in this block does	not meet the appl	icable statutory fil	more than 90 days alting requirements, t	fler filing.) Pursuant to ϵ this date will not be 1	505.020 isted a
document's effective d	ate on the Departmen	t of State's record	ls.			
	ayed effective date, bu	it not an effective	time, at 12:01 a.m	n, on the earlier of:	(b) The 90th day at	fter the
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Filing Fee: \$25.00