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TALLAHASSEL PLONE

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COVER LETTER

TO: Registra Division	ation Section of Coppor	on "" rations	₩	
SUBJECT:		AROL LOCH Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Art	ticles of Am	endment and fee(s) are subr	mitted for filing.	
Please return all	corresponde	ence concerning this matter t	to the following:	
			L LOCH	
			Name of Person	
			Firm/Company	_
		1208	Celebrati Address	ion Ave
		_Celes	bration,	FL 34747
	-	Carol E-mail address: (t	City/State and Zip Code Och Omorphood	e <u>Com</u> t notification)
For further inform	mation cond	erning this matter, please ca	dl:	
CARO	Name of Pe	DCH erson	at (407) 70 Area Code Do	11-3988 aytime Telephone Number
Enclosed is a che	eck for the f	ollowing amount:		
□ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION **OF**

CAROL LOCH, LLC	·
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L046000 806</u> 42	///08/2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :
LOCH SCIENCES, I The new name must be distinguishable and contain the words "Limited Liability Company," the de-	LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	AN TI
Enter new mailing address, if applicable:	SS 00 North
(Mailing address MAY BE A POST OFFICE BOX)	mo 2 /17
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
	ida 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

$\underbrace{\text{or removed from our records}}_{\bullet};$

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Add
			□ Remove
			<u>≥</u> □-Change
			Add DAdd
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tive date if other than the date of filings	stional)		
frective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at	fter filing.) F	ursuant	to 605.02
If the date inserted in this block does not meet the applicable statutory filing requirements, t	his date w	ill not l	oe listed a
nent's effective date on the Department of State's records.			
	La.m. or	n the	earlier
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11/100			
1 N/au /7 2015			
May 17, 2015.			
May 19, 2015.			
Signature of a member or authorized representative of a member			
Paid Tool			
r	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at 1 If the date inserted in this block does not meet the applicable statutory filing requirements, to ment's effective date on the Department of State's records. Execute the determinant of State and the decirity of the date of th	etive date, if other than the date of filing:	etive date, if other than the date of filing: (optional)

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Filing Fee: \$25.00