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(Re	equestor's Name)	
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2016 JAN 19 A 11: 56
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JAN 2 1 2016

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COVER LETTER

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TO: Registration S Division of Co			~
SUBJECT:	SERCO-	MC LLC	
		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Christ	ine 2055 iter Name of Person	·····
	SEC	CC - MC LLC Firm/Company	
	70 N.	E. 120 th Terr	ace
	Silver	Springs, FL 3 City/State and Zip Code	4488
	Cjros E-mail address: (siter & yahoo. cor	fication)
For further information	concerning this matter, please co		,
Chris	tine Rossiter	at (<u>353)</u> 6 3 5 Area Code Daytime	5-6924 e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SERCO-MC LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
ne Articles of Organization for this Limited Liability Company were filed on 3 6 2006 and assigned orida document number 6000003576
nis amendment is submitted to amend the following:
Christine's Hypnosis for Health LLC renew name of the limited liability company here: Christine's Hypnosis for Health LLC renew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
rincipal office address MUST BE A STREET ADDRESS)
If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
w Registered Agent's Signature, if changing Registered Agent:
nereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and copy the obligations of my position as registered agent as provided for in Chapter 605. E.S. On 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.

	23 23	2016 J	η
If Changing Registered Agent	Signature of New	Registere	d Agent
Page 1 of 3	ARY OF STA SSEE, FLOR	19 A II:	m
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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>	<u>Name</u>	Address	Type of Action
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