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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Advocates Cn Call LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elaine J. Cohen Name of Person
Advocates On Call LLC
12326 Callaway Gardens Road Address
Boynton Beach, FL 33437 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (Sto1) 635-5870 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee Certificate of Status Certificate of Status & Certificate Orby (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

(Name of the Limited Liability Compar (A Florida Limited L.	Y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{7/21/2008}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	25 PR 10 C C C C C C C C C C C C C C C C C C
Enter new mailing address, if applicable:	12226 Callaway Gurdens Road Boynton Beach FL 33437
(Mailing address MAY BE A POST OFFICE BOX)	Boynton Beach FL 33437
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address: 12	226 Callaway Gardens Road Enter Florida strets address
_ Boyn	City Reach Florida 33437 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			Change
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If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessar	·y./	
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Effective	date, if other than the date of filing: 6/30/17 (optional ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	. 405 070 7 4
Note: If document he reco	the date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records. If a specifies a delayed effective date, but not an effective time, at 12:01 a.m.	e will not be	nsted as t
The 9	Oth day after the record is filed.		
Dated	June 13 2017.		
		₹	2
	Signature of a member or an inforized representative of a member	<u> </u>	2017 JUN 210
	Elaine J. Cohor- Typed or printed name of signee	HAS.	
	Typed or printed name of signee		
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