## 109000010189

(Re	questor's Name)	
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## **COVER LETTER**

Division of Cor		
You Hear N	Ие, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Steve Trinklein	
	Name of Person	
	You Hear Me, LLC	
	Firm/Company	
	603 6th St, NW	
	Address	
	Winter Haven, FL 33881	
	City/State and Zip Co	ode
	sdtrink@promedhs.com  E-mail address: (to be used for future annuments)	ual report notification)
For further information of	concerning this matter, please call:	
Steve Trinklein	863 at ()	287-5161
Name	of Person Area Code	Daytime Telephone Number
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee Certificate of Status Certified Copy (additional copy is	Certificate of Status &

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

YOU HEAR ME, LLC		
(Name of the Limited Liability Com) (A Florida Limited	nany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/30/2009	and assigned
Florida document number L09000010189		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		TĂL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		EB 20
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		<b>P</b> (1)
B. If amending the registered agent and/or registered	office address on our records,	enter the name of the new
registered agent and/or the new registered office address in	cre.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Kimberly Trinklein	603 6th St, NW Winter Haven, FL 33881	■ Add
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Effective date, if other than th	e date of filin	ıg:		(0	ptional)	
If an effective date is listed, the date m Note: If the date inserted in this	ust be specific an	id cannot be prior	to date of filing or	r more than 90 days	after filing.) Pursua	nt to 605.020 t he listed a
document's effective date on the	Department of	State's records.	ibic statutory it	ing requirements,	ins date will be	
he record specifies a delayed. The 90th day after the re	ed effective cord is filed	date, but no	t an effective	e time, at 12:0	)1 a.m. on the	e earlier o
Dated February 14		, 2018				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00