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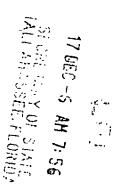
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COVER LETTER

TO: Registration S Division of Co			
Ann Park SUBJECT:	MD, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ann Park		
		Name of Person	
		Firm/Company	
	1002 B South Church Ave	, #320056	
		Address	
	Tampa, FL 33629		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Steve Kane		407 661-1177 at ()	
Name (of Person		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

ARTICLES OF ORGANIZATION OF

Ann Park MD, LLC

(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number L10000041713	iability Company	were filed on April 19th, 2010	and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity 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)		1002 B South Church Avenue, #320056		
		Tampa, FL		
		33629		
Enter new mailing address, if applicable:		1002 B South Church Avenue, #32005	6	
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, FL		
	·····	33629		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered of fice address here	fice address on our records, <u>ente</u> g:	r the name of the new	
New Registered Office Address:	150 Spartan Dri	ive, #100	9-6	
	Maitland	Enter Florida street address , Florida	275.1	
		City	Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:	<u>.</u> '	•	

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

MGR = Manager AMBR = Authorized Member

. . .

Title	<u>Name</u>	<u>Address</u>	Type of Action
		N/A	Add
			□ Remove
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		 	Add
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Purpose of Limited Liability Com	pany: Provision of mental health and co	eaching services	
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feetive date is listed, the date must be	specific and cannot be prior to date of filing or does not meet the applicable statutory fil	more than 90 days after filing.) Pursu	uant to 60 not be lis
cord specifies a delayed ef e 90th day after the record	fective date, but not an effective is filed.	e time, at 12:01 a.m. on tl	ne earl
December 1st	2017		
am Park	nature of a member or authorized representat		

Page 3 of 3

Filing Fee: \$25.00