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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Enuty Maine)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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10/17/11--01036--023 **25.00

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11 DOT 17 PM 1:41

SECRETARY OF STATE
SECRETARY OF STATE

Office Use Only

COVER LETTER

Division of Corpo				
SUBJECT:	Touch Reh Name of Limite	abilitation Cond	V UC	
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspond	ence concerning this matter to	o the following:		
	Sou	U' OSO(15) Name of Person		
	Touch lux	robilitation Cent	erlle	
	3970 TO	ampa Rd & G		
610	Ismar (Pinel	Address Address Address SU47 City/State and Zip Code)	
		be used for future annual report notification		
For further information concerning this matter, please call:				
Saar OS Name of Pe	O (L O	at (<u>813)</u> 886-1635 Area Code & Daytime Tele	phone Number	
Enclosed is a check for the the second secon	_	\$55.00 Filing Fee &	\$60.00 Filing Fee,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	OF	11 OCT 17 PM 1:41	
Name of the Limited Liability Com (A Florida Limite		CINATIONALISTE GIODINA	
The Articles of Organization for this Limited Liability Comparing Florida document number	any were filed on 42	07/01/2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company be	<u>re</u> :	
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Comp	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	3970	Tampa ld + G	
(Principal office address MUST BE A STREET ADDRESS)	oldsm	Tampa ld G ar, PL 34477	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	39707 Oldsm	anpa Rd + 6 ar, R 34477	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida 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 608, 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** Name <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011. Dated_ Mully Eighature of a member or authorized representative of a member Typed or printed name of signee

' If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00