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(Re	questor's Name)	
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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

and California

EXAMPLE BEC 16 2014

COVER LETTER

Division of Cor	porations		
SUBJECT: Che	ice Floor Caie,	21.0	The second secon
<u> </u>	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Danielik	odniguez	
	Suite in the Physical of the Administration and the Administration of the Administration	Name of Person	
	Choice Flo	or Care, LLC	
		Firm/Company	
	922 944	Lane	
	,	Address	
	Greenacies	EL 33463	The second secon
		City/State and Zip Code	
	Choice Floor Can E-mail address: (1	to be used for future annual report notif	ication
For further information of		•	
For further information of	oncerning this matter, please ca	ur. An an	n var en in de la com
Danny Ro	Aria de la companya della companya d	at (56) 320 -	1/77
Name o	f Person		Telephone Number
Enclosed is a check for th	ne 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

FILED

2014 DEC-8 PM 2: 49

TALLAHASSEE, FLORIUM

	•			TISECNIST. PM 2:
Choice Floor	Ci. 11.			TATECRETADO C
		ny as it now appears Liability Company)	on our records.)	TALLAHASSEE OF STAY
	A Florida Limited I	Liability Company)	_	TALLAHASSEE, FLORID
The Assistance of Occasional and Constitution of the Island and Island	Late Comme			and assigned
The Articles of Organization for this Limited Lia		were filed on	3/13 1:1.0.	and assigned
Florida document number <u>L1200003650.</u>	V 180 74.			
This amondment is submitted to amond the follow	urim cu		•	
This amendment is submitted to amend the follo	wing:		•	
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
				Salar Salar Salar Salar
The new name must be distinguishable and end with the w			elementar "LIC" or th	a shbraviation "L. C."
The new mane must be distinguishable and end with the w	ords Littlied Liab	mity Company, the de	signation LLC of t	e abbreviation L.L.C.
Enter new principal offices address, if applica	ble:	·	· .	
(Principal office address MUST BE A STREET	(ADDRESS)			
			7.	
		4 3 6 9 3 3 4 4 4	·	The second second
			the second second	
Enter new mailing address, if applicable:			Belling to the	The state of the state of
(Mailing address MAY BE A POST OFFICE E	BOX)			
		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		2 x 2 y 2 - 2 ** 1 x 2
B. If amending the registered agent and/o	r registered of	ffice address on a	our records ente	or the name of the new
registered agent and/or the new registered off	ice address her	e:	vai recoras, <u>enc</u>	i the name of the nev
		_		
None of None Paristone J. A	10 Dec 1	Rodriguez	A TANK THE SECOND SECOND	
Name of New Registered Agent:	- DAME	r At Nour Lyine C	na n	TO AT MANUAL ASSESSMENT
New Registered Office Address:	922	9th Lane		The second second
·		Enter Floria	a street address	1
	Greens	20 C	Florida	23463
		City	, FIOLIUA .	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Title** Type of Action Name Address Remove □ Add Remove Daniel Rodriguez ☐ Remove EFAdd S ☐ Remove

t amend	ing any	other into	ermation, e	enter cha	inge(s) her	e: (Attac	ch additi	onal she	ets, it ne	cessary.)
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