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N. Cullian NOV - Care

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Mutual Interest 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:			
David C. Hibler Name of Person			
Mutual Interest LLC Firm/Company			
Firm/Company			
1120 E Twiggs St. Suite 554			
Tampa, FL 33602 City/State and Zip Code			
dave. hiblere mutual interest. com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Tyter J. Galganski at (262) 271-0809 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Mutual In	terest LLC	
(<u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on ou orida Limited Liability Company)	<u>r records.</u>)
The Articles of Organization for this Limited Liabi		1-2012 and assigned
Florida document number <u>L1200013019</u>	<u>5</u> .	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and end with the "L.L.C." Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	le:	designation "LLC" or the abbreviation
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida street address
	<i>a</i> .	, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Title **Address Name** David C. Hibler 1120 E. Twiggs #554 MGRM Tampa, FL 33602 Remove X Update MGRM Tyler J Galganski 1120 E. Twiggs # 554 Tampa FL 33602 Remove × Update 332 Dodie Dr. Jordan Ward MGR Waukesha WI 53189 Remove 🛛 Update Mike Peterson 1136 Michigan Ave MGR Ann Arbor, MI 48104 Remove

D. If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	Bur purpose is to update the member addresses		
	and also their member designations.		
	Jordan and Mike are MER status		
	David and Tyler are MGRM status.		
	-Thanks-		
Dated	November 5, 2012.		
Sawid Chille			
	Signature of a member or authorized representative of a member		
David C. Hibler			
	Typed or printed name of signee		
	Page 3 of 3		

Filing Fee: \$25.00

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