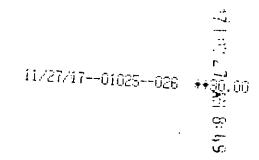
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	R3 Care Name of Line	Emsulting ited Liability Company	, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u> </u>	aniel R. Mrde	dlebrooks
		1 - 11110 171 1 (1117)	Consulting LLC
		404 Johns	
	 .	Plant City City/State and Zip Code	FL 33566
	É-mail address: (i	clanie P R3	t notification
For further information of	concerning this matter, please ea		
Name o	Middlebrooks of Person	at (<u>\$13</u>) Area Code Da	767-708 Z aytime 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 TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v. Florida document number	were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile The RELATIONSh; The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1808 JAMES L. Redman PEWI Suite 186 Plant City, FL 33563
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1808 James L. Redman Pkw Suite 186 Plant City, FL 33563
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and royided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability
If Chang	ging 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:

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			☐ Change
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Effective date, if other than the date of filing: I an effective date is listed, the date must be specific and cannot be prior to date of filing of the Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to 605.0
ne record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
Dated 24 Nov 2017,	
Signature of a member or authorized representat	iddle brooks

Page 3 of 3

Filing Fee: \$25.00