L1300018729

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COVER LETTER

	Registration Solvision of Co.						
SUBJEC	Neck Assi	st, LLC					
SOBJEC		Name of Limited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspo	ondence concerning this matter	to the following:				
		Alfred Villoch, III, Esquire	e				
			Name of Person				
		Savage Villoch Law, PLL	C				
			Firm/Company				
		412 E. Madison Street, Su	ite 1120				
			Address				
		Tampa, Florida 33602					
			City/State and Zip Code				
		alfred@savagelaw.us					
		E-mail address: (to be used for future annual report notif	ication)			
For further	er information of	concerning this matter, please co	all:				
George V	W. Ely		at (77.7) 45.8 - Area Code Daytime	2799			
	Name o	of Person	Area Code Daytim	Telephone Number			
Enclosed	is a check for t	he following amount:					
\$25.0	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

Neck Assist, LLC			DEC
(Name of the Limite	d Liability Compa	any as it now appears on our records.) Liability Company)	<u> </u>
The Articles of Organization for this Limited Lia Florida document number L13000018729			and assigned.
This amendment is submitted to amend the follo	wing:		(,,,,
A. If amending name, enter the new name of	the limited liah	oility company here:	
N/A			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ıble:	N/A	
(Principal office address MUST BE A STREE)	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/or the new registered off	or registered o	ffice address on our records, enter	C 33780
		<u>-</u>	
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	<u>-</u>
		, 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tomily R. Bourgoing	2846 Huntington Drive	
		Largo, FL 33771	□ Remove
			Change
AMBR	Chesten J. Kesselhon	930 85th Avenue North, Ste 401	■ Add
		St. Petersburg, FL 33702	Remove
		- 	Change
		· · · · · · · · · · · · · · · · · · ·	Add
			☐ Remove
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ective date, if other than the date of filing:	(optional) ling or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this block does not meet the applicable statute turnent's effective date on the Department of State's records.	ory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier
red <i>Nov. 13. 2</i> 617	

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Typed or printed name of signee

Filing Fee: \$25.00